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PREFACE

During recent years a large number of patent and proprietary preparations have been marketed in the country. The use of these drugs has assumed such enormous proportions that the treatment of disease has become very expensive. In addition this has also led to self-medication which is dangerous and the tendency should be discouraged.

The compilation of a National Formulary of India containing a list of certain essential combinations has been under consideration of the Government of India for sometime, but it was felt that the preparation of this Formulary should await the publication of the Indian Pharmacopoeia.

The first edition of the Indian Pharmacopoeia was published in 1955, and became the prescribed Pharmacopoeia under the Drugs Act from 20th August, 1956. Shortly after, the Government of India vide their notification No.F. 12-88/56-D, dated the 6th November 1956 constituted a committee to be known as National Formulary Committee, composed of the following members for a period of six months in the first instance for the compilation of a formulary.

1. DR. B. B. YODH, M.B.B.S. (BOM.), M.B.O.P. Chairman
(LOND.), Professor of Medicine, Grant
Medical College, Bombay, and Honorary
Physician, J.J. Hospitals, BOMBAY.
2. DR. B. B. BHATIA, M.D., F.R.C.P. (LOND.), M.L.C., Member
Head of the Department of Medicine, K.G.
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3. DR. C. S. PATEL, F.R.C.S. (ENG.), Nominated Member
by Medical Council of India, BOMBAY.
4. DR. K. K. SEN GUPTA, B. SC., M.A., M.B.B.S., Member
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ciation, CALCUTTA.
5. SHRI K. R. CHANDRAN, Nominated by Pharmacy Member
Council of India, NEW DELHI.

6. Dr. J. N. BANERJI, B. Pharm., Ph.D. (NOTTINGHAM), Nominated by Indian Pharmaceutical Association, BOMBAY.
7. Shri P. M. NABAR, B.A., B.Sc., (BOM.), B.Sc. (TECH.) Member (MANCHESTER), F.R.I.C., Drugs Controller (India), Directorate General of Health Services and now Officer on Special Duty, (Drugs Standard Control) Ministry of Health, NEW DELHI.
8. DR. B. SHAH, B.Sc., Ph.D., A.B.I.C., A.I.I.S.O., Member Deputy Development Officer, Development Wing, Ministry of Commerce and Industry, NEW DELHI.
9. Shri S. K. BORKAR, M.Sc., A.B.I.C., Deputy Member. Drugs Controller (India), and now Drugs Secretary Controller (India), Directorate General of Health Services, NEW DELHI.

After the lapse of six months the life of this Committee was extended by two further periods of six months each vide Government of India notification Nos. F. 12-88/56-D of 28th May 1957 and F. 12-88/56-D of 2nd December, 1957 respectively.

The Committee constituted the following sub-committees at their first meeting consisting of specialists drawn from all parts of India.

Clinical Sub-Committee

DR. B. B. BHATIA (Lucknow)	Convener
DR. R. N. CHOWDHURY (Calcutta)	Member
DR. J. C. PATEL (Bombay)	"
DR. G. V. SATYANARAYANA MURTI (Vishakapatnam)	"
DR. K. S. SANJIVI (Madras)	"

Pediatrics Sub-Committee

DR. G. COELHO (Bombay)	Convener
DR. S. T. ACHAR (Madras)	Member
DR. LALA S. PRASHAD (Patna)	"
DR. P. N. TANEJA (New Delhi)	"

Pharmacology Sub-Committee

DR. M. L. GUJRAL (Lucknow)	Convener
DR. B. MUKERJI (Lucknow)	Member
DR. R. B. AROHA (Jaipur)	"
DR. G. K. KARANDIKAR (Baroda)	"
DR. V. ISWARIAH (Mangalore)	"

Pharmacy Sub-Committee

SRI K. R. CHANDRAN (New Delhi)			Convener
SRI B. V. PATEL (Bombay)	Member
DR. H. R. NANJI (Bombay)	"
DR. G. B. RAMASARMA (Bombay)	"
DR. J. G. SAMSON (Bombay)	"

Eye Sub-Committee

DR. K. L. SEN (Calcutta)	Convener
DR. H. D. PATEL (Bombay)	Member
DR. S. P. GUPTA (Lucknow)	"

Ear, Nose and Throat Sub-Committee

DR. R. N. MISRA (Lucknow)	Convener
DR. R. A. F. COOPER (Bombay)	Member
DR. P. V. CHERIAN (Madras)	"

Skin and Venereal Diseases Sub-Committee

DR. S. C. DESAI (Bombay)	Convener
DR. G. PANJA (Calcutta)	Member
LT. COL. C. L. SUKHLJA (Delhi)	"

Tuberculosis Sub-Committee

DR. M. D. DESHMUKH (Bombay)	Convener
DR. B. K. SIKAND (New Delhi)	Member
DR. R. N. TANDON (Lucknow)	"

Surgery Sub-Committee

DR. S. J. MEHTA (Bombay)	Convener
DR. A. K. BASU (Calcutta)	Member
DR. C. B. SINGH (Kanpur)	"

Anaesthesia Sub-Committee

DR. H. BARAT (Calcutta)	Convener
DR. S. G. TALWALKAR (Bombay)	Member
DR. V. B. BHARGAV (Bombay)	"

Obstetrics Sub-Committee

DR. B. D. PATWARDHAN (Bombay)	Convener
DR. (MISS) A. D. ENGINEER (Lucknow)	Member
DR. M. N. SARKAR (Calcutta)	"

Psychiatry Sub-Committee

DR. J. C. MARFATIA (Bombay)	Convener
DR. N. S. VAHIA (Bombay)	Member
LT. COL. KIRPAL SINGH (Poona)	"

A questionnaire was drawn up by the Committee which was widely circulated to medical associations, hospitals, teaching institutions and leading manufacturers in the country. In the light of the replies received a list of preparations to be included in the formulary was drawn up by the Committee. The monographs on the preparations were prepared and finalised by the main Committee. The National Formulary Committee met in all four times during its tenure.

The Committee acknowledges with gratitude the assistance received from members of the Sub-committees, Medical Associations and the co-operation offered by the teaching institutions, hospitals and pharmaceutical manufacturers in the country.

INTRODUCTION

Modern treatment of disease is a wide and complex field. The multiplicity of drugs and their preparations and the rapidly increasing developments in the field of drug research have rendered it difficult for a physician to be discriminating in his choice of drugs. The need is particularly felt in respect of those drugs which tend to duplicate one another's effect or offer chemical or pharmacologic variations of doubtful advantage.

The selection of drugs for inclusion in the National Formulary has been made from a wide range but only some of the best known which are currently used in the diagnosis and treatment of disease have been included.

In the preparation of this Formulary, the Indian Pharmacopoeia, the British Pharmacopoeia, the British Pharmaceutical Codex, the British National Formulary, the United States Pharmacopoeia, the National Formulary of the United States and several hospital formularies used in this country as well as abroad have been consulted. The expert opinion of medical practitioners, teachers and pharmaceutical manufacturers has also been obtained. Thus the National Formulary of India represents a cross section of the current opinion in respect of drugs and their formulations and provides the physician with carefully selected therapeutic agents of proved effectiveness which form the basis of rational drug therapy.

As advance in drug research continues it is expected that newer drugs would replace the older ones. Periodic revisions are therefore necessary to keep the National Formulary up-to-date.

In addition to enabling the public to obtain treatment at reasonable cost the National Formulary is expected to lay the foundation of the teaching of rational therapeutics in the teaching institutions. With the advent of antibiotics, sulpha drugs, vitamins and synthetic hormones which are marketed by various manufacturers under their own proprietary names, the art of prescription writing has now been reduced to prescribing such drugs only under their proprietary names. In most of these even when a single drug is prescribed the script calls for a branded proprietary rather than the drug itself

which may be available at a much cheaper rate when marketed under its approved or pharmacopoeial name. This has resulted not only in considerable reduction in compounding by professional pharmacists but has also in its wake reduced compounding to mere dispensing of ready-made preparations. The National Formulary has attempted to provide a complete assortment of essential drugs and their formulations which are designated under their pharmacopoeial or approved names. This should enable the physician to be discriminating, as well as the consumer to get the required drug at as cheap a price as possible.

It is hoped that the National Formulary, representing as it does the best in drug therapy, will be adopted by the hospitals and general medical practitioners alike. While prescribing the titles of drugs and their formulations given in the National Formulary should, as far as possible, be adhered to.

Therapeutic notes on the various classes of drugs and their pharmacological action have been given.

The drugs included in the National Formulary have been classified on the basis of their pharmacological action. This classification should prove useful to physicians and chemists alike.

The title of each monograph in the National Formulary is in English.

Dosage has been given in the metric system. A conversion table has been provided in an appendix for ready reference.

The provisions of the Drugs Act and the Rules made thereunder including labelling requirements and storage conditions should be observed. Cross-references to the Schedules under the Drugs Rules 1945 which impose restrictions on the sale and distribution of certain categories of drugs have been given against the drugs and formulations in the Formulary to facilitate compliance with the provisions of the Drugs Act.

A separate Pediatric Section has been included.

The methods of treatment of poisoning and a list of diagnostic agents are given as separate chapters and will prove valuable to the practising physician.

Average values of body measurements, composition of body fluids and paths have been included in separate appendices.

A list of proprietary and trade names with their equivalents included in the Formulary is appended.

The standards of single ingredients and of formulations included in the Formulary should conform to those laid down in the Indian Pharmacopoeia. If no standards are specified in the Indian Pharmacopoeia, the standards mentioned in the British Pharmacopoeia or the United States Pharmacopoeia, or the British Pharmaceutical Codex or the National Formulary of the United States, as the case may be, will apply.

In the case of drugs for which no standards are currently available in any of the pharmacopoeias prescribed under the Drugs Act standards have been provided in the National Formulary of India for such drugs in the form of monographs which are included in a separate appendix.

CHAPTER I
THERAPEUTIC NOTES
DRUGS ACTING ON CENTRAL NERVOUS SYSTEM

Analgesics and Antipyretics

Fever with body aches is a common symptom in many conditions. The use, therefore, of a combination of analgesics and antipyretic drugs is very common. Many analgesics are also antipyretics. In high fever, the use of such combinations is not without danger. A sudden fall of temperature with excessive sweating leads often to extreme weakness, sometimes bordering on collapse. This artificial lowering of temperature is short lived and is soon followed by a severe rigor and the same high temperature. If this is not kept in mind, malaria is often misdiagnosed and the true condition is missed. For the relief of pain when there is high fever, analgesics without much antipyretic effect should be used and the fever relieved by hydrotherapeutic measures. The combinations may be used when high pyrexia does not accompany the pains.

This group of drugs can be divided into antipyretics and analgesics and analgesics alone.

Morphine and its analogues fall into in the latter category. Each one must be individually studied and intelligently used. Addiction is likely to occur with all of these. Many of these, especially morphine, are respiratory depressants and are, therefore, contraindicated in status asthmaticus.

In susceptible persons and in children, morphine poisoning may readily occur. Nalorphine is a direct antidote and should be available for immediate use. In terminal and or in inoperable conditions where pain requires to be relieved by morphine or its analogues the smallest effective dose should be given to start with. It may have to be increased gradually.

Analgesic Drugs

Pain and associated with it, anxiety, restlessness and other symptoms produced by the disease process usually require to be relieved even when a satisfactory diagnosis has not been

made. It is important to remember that the symptom of pain, its character, radiation or otherwise, relation to food, time of the day or night and such other factors are signs which are required to be studied and a provisional diagnosis arrived at, before analgesics are administered. If pain is relieved before proper study more harm may occur than the temporary and doubtful benefit produced by its immediate relief. Except in certain conditions as for example, shock and pain, immediate relief is rarely indicated. It is important to analyse in an individual, how such anxiety is associated with the pain; relief of anxiety is now possible and greater use of anxiety relieving drugs is indicated in combination with or independently of analgesics.

The emergence of a large number of antihistaminic drugs is also important. They are mildly analgesic and many of the analgesic and relaxant drugs are mildly antihistaminic.

The physiology of pain is still largely obscure. Peripheral nerves, autonomic nervous system, the hypothalamic region and the cerebral cortex are all involved in the feeling of pain.

Sedatives and Hypnotics

These also act on the cerebral centres and depress those activities which are associated with wakefulness, mental excitement and general irritability.

The exact mechanism of their action is not clear. In large doses, they cause coma and peripheral circulatory failure. They seem to differ from each other as regards rapidity and duration of action. Combinations of short-acting with long-acting are useful. Many of them leave a hang-over and also produce addiction. Their prolonged use, therefore, should be avoided. Most of them are detoxicated by the liver and hence if the liver is diseased, they may be too toxic for routine use in such people.

Hypnotics

Waking and sleeping are rhythmic events in the life of most living organisms. It is still not understood how and why these occur. The fact that the electroencephalogram changes during sleep, during waking and while attention is focussed on various things, is known. What the factors contributory to these changes are, are not yet fully worked out.

That certain measures, apart from drugs, induce sleep is also known. Quiet, darkness, monotonous stimuli, hot drinks, warm baths, etc., all promote sleep in tired people or excited children. These are the measures that should be tried systematically before resorting to drugs and will succeed in many cases of insomnia.

There are many cases of sleeplessness. Pain, fever, inflammation or irritation of the meninges and/or cerebral cortex and certain drugs produce insomnia. Removal of these causes will promote sleep. These causes should be systematically sought out and adequately treated. If insomnia persists in spite of all these measures, hypnotics have a use in therapy.

There are various groups of drugs that promote sleep. All of them act on the cerebral cortex by reducing its sensitivity. They vary in their action. Some act promptly but the effect does not last long. Some leave hardly any after effects. Others have a hang-over or more serious after effects. A majority lead to tolerance and addiction. If addiction occurs, withdrawal symptoms may be serious. Many proprietary preparations combine an antipyretic, an analgesic and hypnotic and are often used in painful febrile conditions that produce insomnia. These must be used with caution. Sometimes a strong antipyretic effect is produced in patients with fever, marked sweating occurs followed in a short while by severe rigors and high fever. This often interferes with diagnosis, produces exhaustion and sometimes shock and collapse. Milder measures of reducing temperature are preferable to the use of these drugs. In every case the etiology of the fever must be determined and proper measures adopted before a combination of these antipyretics, analgesics and hypnotics is used to relieve symptoms. Hypnotics may belong to the morphine group of drugs or its substitutes. Most of these also relieve pain but can lead to addiction if not stopped in a few days. Some of the analogues relieve pain but may not produce sleep. These drugs are widely used and are of the greatest value in emergencies of renal and other colics, post-operative restlessness, etc.

The second group consists of chloral hydrate and bromides. Chloral hydrate is one of the safest and very successful hypnotic for general use. It can be used in children also.

Bromides act by replacing bromine for chlorine ions in the brain. This happens slowly and hence the action is slow. They are largely going out of use. They also have troublesome toxic effects. Both these may accumulate if the liver and the kidneys are not functioning well and hence should be avoided in persons with diseases of liver and kidneys and in old people with poor kidney function. Bromides are more harmful in this respect.

Barbiturates. These are the most widely used hypnotics. They may be short, medium or long acting. A selection should always be made by reference to particular requirements of each individual case. Combinations may be required. It must be remembered, however, that addiction can occur to any of them and hence their use should not be prolonged. They should be changed from time to time. They may produce cerebral confusion and may produce coma if not properly excreted.

Relaxants. In recent times a group of drugs has been discovered and made available. These drugs seem to relieve anxiety and will, therefore, relieve insomnia caused thereby. In larger doses they appear to influence psychotic behaviour towards a more subdued and less abnormal behaviour. In the strain and stress of modern life they may be useful till adjustments can be made. Toxic manifestations on prolonged use have been observed and so care is necessary in their use for long periods.

The United Nations-Commission on Narcotic Drugs, at its 12th Session, on the question of 'Tranquillizers' adopted the following resolution:

1. That certain drugs of this type must, in the opinion of the Expert Committee on Addiction-Producing Drugs of the World Health Organisation, be classed as potentially habit-forming.
2. That Governments should keep a careful watch for any abuse of these substances with a view to taking necessary measures of control.

DRUGS ACTING ON AUTONOMIC NERVOUS SYSTEM

Parasympathomimetic agents

Parasympathetic action is the result of release of acetylcholine at the parasympathetic nerve endings in certain tissues. This action is counteracted by the production, at the site, of the enzyme cholinesterase. Parasympathomimetic drugs act by inhibiting this enzyme and prolonging the action of acetylcholine.

One of the group, pilocarpine, has the same action as that of acetylcholine.

These are used when an excess of sympathetic action has to be counteracted. Excessive atropine-like effect may also be counteracted. Conversely if these drugs produce an excess of parasympathetic effect, atropine may be used to counteract it.

The group includes derivatives of acetylcholine such as, the choline esters, the cholinesterase inhibitors such as, neostigmine, diisopropyl fluorophosphate (DFP)

Anticholinesterase drugs are also used to counteract the overdose of neuromuscular blocking agents.

Sympathomimetic agents

The sympathetic division of the autonomic nervous system acts by liberation of epinephrine and/or nor-epinephrine at the terminal ends of post-ganglionic fibres.

Drugs of this group mimic this action, though not completely. They produce mydriasis, decrease the tone of bronchioles, intestinal muscle, bladder and ureter, cause contraction of the sphincters, contraction of the splenic capsule, constrict blood vessels other than coronaries and diminish secretion of certain glands. Their use is based on these actions as they antagonise the over action of the parasympathetic.

These drugs include ephedrine, epinephrine, levarterenol and phenylephrine.

Skeletal Muscle Relaxants

These may act at the neuromuscular junctions—as in the case of tubocurarine or in the basal ganglia, brain stem and thalamus as in the case of mephenesin. The value of mephenesin lies in the relief of muscle spasm

whenever it occurs either primarily through central nervous system effect or locally in muscle spasm surrounding inflamed bursae, joints etc. The effect lasts for a short time and hence the drug has to be repeated. The frequency of administration has to be individualised.

Commonly used muscle relaxants acting via neuromuscular junction are valuable adjuncts to anaesthesia. They act by two main mechanisms (1) By competition (competing with acetylcholine for the endplate receptors) e.g. *d*-tubocurarine chloride, gallamine. These drugs can be antagonised by anticholinesterase e.g. neostigmine. (2) By depolarisation of the endplates; for example, decamethonium and succinyl-choline. It is to be noted that in contrast to drugs mentioned at (1), drugs in group (2) cannot be antagonised by anticholinesterases.

ANTI-INFECTIVE DRUGS

It is true that with the advent of antibiotics, the use of sulphonamides is on the decrease. However, they still have a useful place in therapeutics.

Sulphonamides: Hitherto, the commonly used sulphonamides suffered from many disadvantages, one of them being the occurrence of crystalluria. Some of them produced bone marrow depression and aplastic anaemia. Sensitisation was frequent and allergic manifestations appeared. Recent years have seen the synthesis of newer sulpha drugs which are not only effective, but are more soluble and thus less likely to cause crystalluria and other side effects associated with the older ones. The newer sulpha drugs are useful in meningococcal meningitis and in dysenteric or coliform infections where penicillin and other antibiotics have a poor or uncertain action. It is necessary to select a specific sulpha drug for a specific indication. (1) Sparingly soluble and or poorly absorbed ones like succinylsulphathiazole, phthalylsulphathiazole and sulphaguanidine are used in infections of the intestinal tract and also in pre and post-operative care after surgical interventions on the alimentary tract. (2) More soluble like sulphadiazine, sulphadimidine and sulphasomidine are indicated in systemic infections like pneumococcal and strepto- and staphylococcal infections.

Antibiotics: These apparently act by interfering with or blocking in some manner a fundamental metabolic process. This entails a deep study of bacteria, their growth requirements and metabolism in general. Although not often possible, identification of organisms prior to the use of antibiotics is always advisable. From the knowledge of the spectrum of activity for each antibiotic a proper selection of either one drug or its combination with another can be made and thus greater success ensured.

When, however, this is not possible clinical acumen is necessary to guess correctly the most probable infecting organism or organisms and deliberate choice made and an adequate dose administered. This should be given sufficient time to act before discontinuing its use in favour of another. It is not good practice to continue too many antibiotics and change over too frequently. Bacterial resistance is an important factor to be contended with. Metabolic pathways that are blocked by antibiotics are often by-passed and new ones utilized, thus rendering the antibiotic ineffective. The rapidity with which this occurs varies from organism to organism and with antibiotic to antibiotic. Sensitivity may not only be diminished in an individual case but may also be restored after a time. To complicate matters, in the case of some bacteria, mutants may develop and these may be largely insensitive and may remain so permanently. These facts require to be borne in mind whenever antibiotics are prescribed.

Antibiotics may be bactericidal or bacteriostatic, depending on the concentration at the site of their action. Generally in the dosages used penicillin, streptomycin and erythromycin are considered bactericidal and chloramphenicol and tetracycline as bacteriostatic. Bactericidal action is best seen on rapidly multiplying young bacteria. This action is not so potent if a bacteriostatic drug which inhibits rapid multiplication is used at the same time. Therefore, a combination of bactericidal and bacteriostatic antibiotics is considered unwise. The combination of two bactericidal antibiotics has been used for a complementary action and to prevent resistance. However, indiscriminate use of such combinations is to be discouraged where the single antibiotic may work as well. This particularly refers to combination with streptomycin whose toxic action on the auditory and vestibular apparatus is well known.

Bacitracin. This antibiotic is recommended for local use only, as renal lesions have been reported after parenteral use.

Chloramphenicol. This was the first antibiotic to be synthesised. It has a broad spectrum activity but especially potent against *Escherichia typhosa* and rickettsia. Bone marrow depression may occur in a few persons and hence use should be restricted to typhoid fever and only when other antibiotics fail. It should be remembered, however, that being a valuable broad spectrum antibiotic the fear of an occasional complication of aplastic anaemia should not preclude its use in many cases that have become resistant to other antibiotics or anti-infectives.

Phenoxymethylpenicillin (Penicillin V). This is active when given orally and produces higher blood levels than other forms of oral penicillin. This preparation is prescribed by weight.

Tetracyclines. Chlorotetracycline, oxytetracycline and tetracycline may be considered in this group. They are broad spectrum antibiotics similar to each other in their spectra of action but differing in their side effects in the gastrointestinal tract and predisposition to monilial infections. They may destroy the useful coliform organisms in the intestinal tract and therefore, resistant organisms like staphylococci may grow unchecked and produce a series of secondary infections. If the therapy with tetracycline has to be prolonged, simultaneous administration of Vitamin B Complex is indicated. They should be used against infections not responding to sulpha drugs or penicillin. Their use locally should be judicious and not prolonged, lest they sensitize the skin or the mucous membranes to the drugs. Tolerance varies in individuals, nausea, vomiting and diarrhoea may occur and alkalis may have to be prescribed before or with them.

Erythromycin. The only advantage this broad spectrum antibiotic has is that it does not destroy the normal coliform flora in the intestines. Resistance is, however, rapidly produced. Its chief use is in staphylococcal infections which are resistant to penicillin. It is claimed to be nearly as effective as penicillin against the gram-positive organisms; against the gram-negative organisms its activity is much less than that of tetracyclines and chloramphenicol.

Neomycin Sulphate. Because of its toxic effects on the auditory nerve and kidneys, unless especially indicated, for systemic use, it should be used for local application in superficial infections such as, ulcers, wounds etc. Even this should not be continued for more than ten days at a time as sensitisation may occur. When used systemically, (orally or parenterally) tests for auditory function and kidney functions are necessary.

Polymyxin B Sulphate. This is specially used in certain infections by gram-negative organisms including *Escherichia coli*, *Pseudomonas pyocyanea*, *Aerobacter aerogenes*. It is poorly absorbed by mouth and hence has to be injected intramuscularly and even intrathecally in meningeal infections. Kidneys may be damaged and hence care is required.

Streptomycin. Bacteriostatic or bactericidal according to the dosage used. Small doses actually stimulate growth of bacteria. Its toxic effect on the auditory and vestibular nerves restricts its use. The main indication for its use is in tuberculosis, but it is also used against organisms not sensitive to penicillin and also against many gram-negative bacteria. In tuberculosis, it is recommended to be used in combination with other antitubercular drugs to prevent emergence of resistant strains. It is also orally used in diarrhoea.

Anti-tubercular Drugs (Other than streptomycin)

Para-aminosalicylic acid and its sodium and calcium salts.

These are generally used in combination with isoniazid and/or streptomycin. They may produce gastro-intestinal irritation and also symptoms of sensitisation.

Isoniazid. This drug is readily absorbed and is widely distributed in the tissues and passes the meningeal barrier. A certain concentration is necessary in the blood for definite action. Exact role in therapy and mode of action have not still been worked out. It is used in combination as a rule, but it may be successful alone when resistance has developed to anti-tubercular drugs. Side effects, such as drowsiness, headache, hyperreflexia and urinary symptoms may occur. Convulsive disorders may be precipitated in persons with predisposition to convulsions.

AMOEBICIDES

Several drugs have been recommended as amoebicides from time to time and their number is increasing rapidly. Perfect success is therefore not attained in eradication of amoebiasis. The amoebae exist in the tissues of the mucous membranes of the intestines, liver, lungs, skin, etc., and also they and their cysts are found free in the lumen of intestine. Secondary infections of the lesions in the intestinal mucous membranes are also frequent and may increase the virulence of the amoebae. Proper planning of treatment is, therefore, essential, and repeated courses may be necessary. As re-infections cannot be prevented, relapses may be re-infections and not failures of treatment.

Three groups have been useful in the past, those containing iodine, arsenic and emetine. To these are now added broad spectrum antibiotics which act on amoebae as well as on secondary invading organisms. Sulpha groups act on the latter alone. Tissue forms are much better dealt with by chloroquine phosphate and emetine. A course should not last more than one or two weeks and at least a month's interval between the courses is necessary.

PLASMODICIDES

Chloroquine Phosphate

It is a good suppressive agent in malaria and is also useful for acute attacks. It does not prevent relapse of vivax malaria.

It is highly effective in extra-intestinal amoebiasis as it is concentrated in the liver or other tissues.

Quinine Sulphate

It is an antimalarial drug used for acute attacks. It does not prevent relapses. It may be given by parenteral route for heavy infections. Collapse may follow on intravenous injection, and hence due precautions to prevent it, by injection of the drug slowly is necessary. Prompt measures must be at hand to combat the collapse, if it occurs.

Mepacrine Methanesulphonate

This is valuable in virulent malarial infections for which it is used by intramuscular injection.

Pyrimethamine

This is valuable in children by virtue of its tastelessness and action on gametocytes.

ANTHELMINTICS

Intestinal parasitism is extremely common. These parasites inhabit the intestinal canal and may or may not produce symptoms. However, hookworms do produce anaemia in varying degrees. Other parasites may also be associated with several symptoms. The use of anthelmintics is therefore necessary for proper eradication of intestinal parasites. It is necessary to know the life histories of these parasites. They may be killed and/or expelled by anthelmintics, their ova destroyed in the excreta, their intermediate hosts destroyed outside or the intermediate stages in the body tissues treated by appropriate measures. Their entry into the human organism may be prevented by hygienic measures, personal cleanliness, etc.

Except in the case of use of certain powerful toxic drugs, when starvation may be harmful, the anthelmintics act best on an empty alimentary tract. Even in the case of the former, one meal should be omitted.

As all worms may not be expelled at one treatment or the head of the tapeworm may have still remained inside, a course may have to be repeated on two or more occasions.

Male Fern Extract

This is used against *Tenia solium*, *T. saginata*, *Diphyllbothriocephalus*, *D. latum* and *Hymenolepis nana*.

Side effects may occur and include general symptoms such as dizziness, headache, dyspnoea and local symptoms such as colic, diarrhoea and yellow vision. If poisoning occurs, steps should be taken to remove the drugs from the alimentary canal. The drug should not be used in persons with intestinal ulceration, liver and kidney disease.

Piperazine Citrate and Adipate

This is used as tablets or syrup for 7 to 10 days. The course may be repeated after interval of 7 days. It is useful for thread worms and round worms.

Mepacrine Hydrochloride

It is useful for *Tania* infection—side effects may occur such as headache, nausea, vomiting, sometimes psychosis and, being a yellow dye, discolouration of skin.

A saline cathartic is required one hour after the last dose followed by a soap enema. The head of the worm should be looked for.

Tetrachlorethylene

This is useful against hook worm infestation. The capsules are to be given on empty stomach in the morning. The drug should not be repeated for 10 days. It should not be used if it is exposed to air or if the capsule is broken as phosgene is formed on exposure. Fats and alcohols should be avoided. Dizziness, nausea and drowsiness may occur after its use.

ANTI-ALLERGICS

Liberation of histamine or histamine-like substances is considered to be the cause of many allergic or sensitisation manifestations such as those occurring in urticaria, hay fever, serum sickness, various other dermatosis etc. In acute manifestations "Epinephrine" has been the most useful agent in treatment. Essentially, antihistamines act more by preventing histamine to act on the receptors (competitive antagonism). They compete with histamine for the same receptors but do not prevent liberation of histamine or destroy it. As a rule, conditions like urticaria, rhinitis etc., caused by circulating (extrinsic) histamine respond more readily to antihistamines than conditions like asthma of allergic origin, where histamine is likely to be produced in the organ itself (intrinsic). If continued for a long time, internally or more especially topically, antihistamines may themselves become allergens and cause allergic reactions. The use of antihistamines does not obviate the necessity of treating allergies by removal of the offending allergen if found and by desensitisation by recognised procedures.

A large number of antihistamines have been evolved differing from each other in time required for effect, duration of effect and side actions. There has to be careful preliminary selection and judicious combination with other drugs to prevent side effects. Antihistamines have other actions as well.

Of these, sedation, local anaesthetic and anticholinergic actions are the important ones. As a rule, antihistamines having high sedative action should not be used in ambulatory patients and while driving a vehicle. Some of the antihistamines have also been claimed to be effective in motion sickness and against vomiting. As side effects may occur and as the action of the various drugs vary, trial has to be made with several drugs and in small doses before deciding on the drug to be used. Local applications are valuable in itching and atopic dermatitis but care is to be taken that sensitisation does not occur. Prolonged local use is therefore to be avoided.

Cortisone and related drugs have also been employed as anti-allergics.

RESPIRATORY AND CEREBRAL STIMULANTS

Cerebral Stimulants—Several drugs seem to act as peripheral or central nerve stimulants. The exact mechanism of action is not clear. They are useful in overcoming the depression caused by overdose of sedatives or hypnotics. They are all toxic in large doses. Amphetamine sulphate and dextro amphetamine sulphate produce a depression in the appetite and hence are useful in the treatment of obesity. But if given later in the day, they produce wakefulness. A judicious combination of stimulants and sedatives is employed to overcome the wakefulness. All of them are remedies to be used with caution as their proper indications have still to be worked out. Large doses will produce cerebral excitation, convulsions and peripheral failure.

Respiratory Stimulants—Drugs under this heading could be classified as (1) those which act on the respiratory centre, carotid sinus or both, e.g., carbon dioxide, leptazol, nikethamide, picrotoxin and lobeline. Amphetamine and methylamphetamine also act similarly. (2) Those acting reflexly by apparent stimulation, e.g., subcutaneous injection of ether, camphor in oil.

Respiratory stimulants are indicated in the treatment of emergencies of anaesthesia, asphyxia neonatorum etc.

CARDIO VASCULAR DRUGS

The only drugs so far known which exert specific action against acute and chronic heart failure are the cardioactive

glycosides. In therapeutic doses they strengthen the contractions of the heart, reduce the pulse rate, increase the conduction time and diminish the excitability of the myocardium. The various glycosides differ from one another in their potency, speed of action, duration of action and the rate of elimination.

The cardioactive glycosides also differ from one another chemically. This accounts for differences in action between the glycosides.

Digitoxin, the principal glycoside of *Digitalis purpurea*, although well absorbed from the intestinal tract, is strongly bound by the albumins of the blood; it therefore has a slow onset of action even when given intravenously. Once digitoxin reaches the heart, it becomes firmly attached to the myocardium; consequently it is only slowly eliminated and its action is therefore very prolonged. The reduction in pulse rate is very marked.

Digoxin and lanatoside C are obtained from the leaves of *Digitalis lanata*. They differ from digitoxin in that they show scarcely any binding to serum albumins. In contrast to digitoxin, therefore, these glycosides have a rapid onset of action. Moreover, their power of fixation to the myocardium is lower than that of digitoxin and therefore, they are more rapidly excreted and better tolerated.

Strophanthin on the other hand has a more rapid onset of action, but due to its rapid elimination (50 per cent every day), its action is short.

By taking into account the difference between the various glycosides it is possible to choose a preparation which is best suited to a particular patient and to the type of heart disease from which he is suffering.

In principle, digitalisation should be carried out with a glycoside which has a rapid action of short duration, e.g., lanatoside C or digoxin, strophanthin or the glycosides of squill. Not only these preparations have a rapid onset, but they are also quickly eliminated, so that toxic symptoms due to overdosage are rapidly relieved when the drug is withdrawn or the dosage reduced.

In general, distinction is to be made between digitalisation and maintenance treatment. Whereas digitalisation aims at compensating the heart, the aim of maintenance treatment is to keep the heart working efficiently once compensation has been established. It is better to digitalise with several medium-sized doses rather than with a single high dose which might produce serious toxic effects. There are, however, certain special indications such as paroxysmal tachycardia, auricular fibrillation and auricular flutter, which need, *a priori*, high concentration of glycosides. It is important to remember that digitalis is only effective when optimum doses are given and the patient is properly digitalised.

In choosing the most suitable glycosides for maintenance treatment, the deciding factor should be the pulse rate. Where there is tachycardia, *Digitalis folia* with its pronounced action on the pulse rate give the best results. If the pulse rate is normal or slow, lanatoside C, digoxin, strophanthin or the glycosides of squill are to be preferred.

Owing to great difference exhibited by patients, it is not possible to formulate a general scheme of dosage. The dosage needed by a particular patient may differ from the average dosage by as much as 70 per cent. With the exception of strophanthus glycosides, which are effective only when given by injection the other cardiac glycosides are also effective when administered orally or rectally. When considering oral administration, however, the uncertain absorption should be taken into account, especially in patients with portal congestion.

For rapid digitalisation, care must be taken that no digitalis has been administered in the previous two weeks. A loading dose followed by a maintenance dose every four to six hours is to be determined. Withdrawal or reduction of the dose is essential when the heart is slowed to sixty or when irregularity or multiple extra systoles or auricular flutter or fibrillation appear. No calcium should be given while digitalis is being administered.

Duration of Treatment—The treatment must be continued as long as cardiac insufficiency persists, which generally means for the rest of the patient's life. The development of

tolerance with a corresponding decrease in activity, a phenomenon often observed with certain alkaloids and other substances, does not occur with cardiac glycosides. However, patients suffering from aortic insufficiency or from myocardial lesions due to metabolic disturbances infrequently prove refractory to the glycosides of the digitalis group. In such cases, a trial with *strophanthus* glycosides is called for.

Toxic Effects—The first evidence of hypersensitivity or of over-dosage is provided by loss of appetite or nausea. Later symptoms include, bradycardia, bigeminal pulse, oliguria. The toxic symptoms become more severe as decompensation increases. These drugs are more toxic when potassium ion is reduced from the tissues especially after frequent administration of mercuric diuretics; when digitalis is not tolerated it should be given along with potassium chloride or citrate.

ANTI-FIBRILLATORY AGENTS

These drugs are extremely valuable in depressing the irritability of the ventricular muscle.

Procainamide is used in the treatment of ventricular and auricular arrhythmias and extrasystoles associated with cardiac disease or when they occur during general anaesthesia. Oral use is preferable; hypotension may occur if used intravenously. Prolonged use may be associated with agranulocytopenia and hence blood counts are required to be done.

Quinidine prolongs refractory period, decreases the irritability and conductivity and depresses the conductivity of the vagus nerve. It abolishes ventricular and auricular tachycardia. The great drawback is individual susceptibility to quinidine and this has to be tested for in each case. As toxic effects may be severe when the drug is given by the parenteral route, oral route is preferred.

Digitalis and quinidine may be used together, if, with increased irritability, congestive cardiac failure is present.

HYPOTENSIVE AND VASODILATORY AGENTS

Essential hypertension is still a poorly understood condition. Its diagnosis is made by a process of exclusion. Therefore, a complete investigation to rule out other removable and irremovable causes is essential.

Having made this diagnosis, a proper study of the degree of hypertension and vascular complications in the other organs such as the heart, brain, kidneys and extremities of the body is essential. Other co-existing conditions, especially, diabetes and endocrine dyscrasias must be evaluated in each case.

In view of the progressive course and the certainty of the complications that would follow if the hypertension was allowed to continue and progress, the lowering of hypertension by various measures is advised. The agents used are called hypotensive drugs. In anxiety cases, sedatives and relaxants may be the only agents required. Change of diet, reduction of weight, control of diabetes, may all be the principal measures of treatment. However, in many hypertensives active hypotensive drugs appear to be necessary and should be employed singly or in combination, to benefit hypertension and also to prevent complications.

The chief agents are the ganglion blocking agents acting on the autonomic chain of ganglia at several sites and are active vasodilators. The action of these drugs is complex and uncertain and toxic effects are frequent. Therefore, treatment should only be undertaken if facilities exist (a) for a period of observation, (b) for adjustment of dosage till the optimum is reached, (c) for prompt treatment of complications, as and when they occur. This will require a minimum of six to eight weeks.

All those hypertensives who have coronary sclerosis, cerebral arteriosclerosis, marked kidney changes and generalised arteriosclerosis are bad patients for hypotensive therapy. Greater care is required in treating such patients than the early hypertensives in whom the blood vessels are relatively healthy.

Measures must be at hand to restore sudden and dangerous drops in blood pressures.

Every one of the active hypotensive agents have definite contraindications and these must be known before their use is undertaken.

Rauvolfia alkaloids act primarily on the central nervous system. The veratrum alkaloids, hydralazine have complex

action on the cardiovascular system; the hexamethonium and pentolinium compounds are examples of drugs which are potent blockers of synaptic transmission in the autonomic ganglia.

Vasodilating drugs may act by (i) direct action on the vessels, (ii) by depressing the sympathetic tone, (iii) augmenting the parasympathetic tone.

Several drugs like the organic nitrites and nitrates, xanthines and papaverine cause active dilatation of the arterioles and capillaries including those of the coronary blood vessels.

Nicotinic acid can cause a transient vasodilation without a fall in blood pressure. Cholinergic drugs (acetylcholine, methacholine, carbachol) cause peripheral vasodilation; dehydrogenated ergot alkaloids and imidazoline compounds cause similar action by reducing sympathetic tone (chemical sympathectomy). The above drugs are of value in peripheral vascular disorders. Nitrates are useful coronary dilators and are beneficial in angina pectoris. Glyceryl trinitrate is preferred to amyl nitrite except in conditions where a rapid action is indicated.

ANTI-CONVULSANTS

Convulsion is a symptom of cerebral dysrhythmia and results from several causes. These may be local, psychomotor, due to minor epilepsy (Petit Mal) or major epilepsy (Grand Mal). They may be the result of inflammatory or neoplastic processes or may be due to toxic drug reactions.

Drugs which reduce irritability and control the convulsions may be grouped in several ways. Some of them are cerebral depressants but do not have hypnotic effects and a few are anticonvulsants in small doses and hypnotic in larger doses.

Toxic effects are common to several of them and sensitisation seems to occur frequently.

Switching over from one group to another should be gradual. Both should be given for sometime.

Blood counts at regular intervals are essential and withdrawal necessary if aplastic anaemia develops and drastic reduction or withdrawal if signs of sensitisation appear.

Diagnostic studies by encephalograms and or ventriculography and angiography should not be delayed where the cause is doubtful even if the convulsions are controlled. In status epilepticus, injection of paraldehyde is preferable to other anti-convulsants.

ANTI-HAEMORRHAGICS, COAGULANTS AND ANTICOAGULANTS

Haemorrhage commonly occurs as a result of trauma which causes a rupture in the continuity of blood vessels. Surgical measures are required when a large vessel has ruptured and no time should be lost in restoring the continuity by surgical measures.

When haemorrhage occurs from the capillaries, the causes of which may be numerous a rapid review of the factors concerned is important. In haemophilia, the antihæmophilic factor is absent and the only agent that will prove useful when bleeding is severe, is whole fresh blood. Other coagulants are useless.

Similarly, when anticoagulants are used, bleeding may occur and can only stop if the drug is stopped and clotting power restored by the appropriate antidote, protamine sulphate for heparin bleeding and vitamin K for the coumarin group.

A blunderbus combination of vitamin K, vitamin C, calcium and other hæmostatic agents is not advised as a routine. Only in a few cases where diagnosis of the causes is not possible it may be permissible to do so.

Thrombosis or clotting of blood *in vitro* is becoming common. This may occur in veins or in arteries. Prompt measures are necessary to stop further clotting and restore the continuity of the blood flow through the same or anastomotic vessels. Two groups of agents are mainly used. Heparin prevents clotting, acts rapidly, and is the drug of choice. It has to be injected intravenously to start with and a depot maintained subsequently by an intramuscular preparation and in a sufficiently large dose. The antidote protamine sulphate must be at hand to stop bleeding if it occurs. Coumarins act slowly and have a different action. The prothrombin time is prolonged by their use and hence further clotting is prevented. Accumulation may occur and hence bleeding is to be looked for. Vitamin K should be at hand if this occurs or if prothrombin time

is excessively prolonged. When thrombosis has occurred these should be used simultaneously with heparin in the first twenty four hours and then, alone, for maintenance action. Prothrombin estimations are frequently required in the beginning and till a safe maintenance dose is established.

ANTINAUSEANTS AND ANTIEMETICS

Vomiting whether by drugs or by any other cause is mediated via different pathways which affect the vomiting centre both through the peripheral nerves and at various levels of the brain. Drugs which were previously known to act on the vomiting centre have now been shown to act on the chemoreceptor trigger zone on the medullary surface. Belladonna alkaloids, some antihistamines (diphenhydramine, promethazine) are fairly active.

The treatment of nausea and vomiting in the past has often been unsatisfactory. Local gastric sedatives were usually employed. It is now possible to depress the hypothalamic centres concerned in the vomiting reflex by certain drugs which have other actions also. They are valuable agents in suppressing nausea and vomiting from a variety of causes. Their use has to be individualised and the smallest active dose prescribed. Side effects are not serious but occasionally drowsiness may be severe which calls for reduction or stoppage. It may not be possible for those taking the drug to concentrate on activities that require considerable co-ordination such as, driving. Transitory jaundice may also occur in large doses. Chlorpromazine hydrochloride and meclizine hydrochloride are two of this type.

ANTACIDS

Very little is definitely known about the role of acidity of the gastric contents on peptic ulceration. Some relationship, however, exists as pain associated with acute ulceration is relieved by neutralising or lowering the hydrogen ion concentration of the gastric contents. Many other symptoms vaguely diagnosed as increased acidity, acid dyspepsia, gastralgia appear also to be relieved by the so called antacids. Three main divisions can be made:

- (1) Those that inhibit secretion such as atropine group and other ganglion blocking agents.
- (2) Alkalies which act by direct neutralisation.
- (3) Adsorbents.

Their use requires considerable thought as regards the choice of drugs, dosage employed and frequency of administration. The difficulty of successful use of some of these agents lies in the manifestation of undesirable atropine-like effects such as, dryness, discomfort and loss of accommodation etc., and alkalosis which may occur on administration of alkaline salts such as sodium bicarbonate, magnesium carbonate etc. Combinations are therefore advised. It is also important to realise that secretion of acid is a continuous process and its neutralisation can only be a transient process. Hence a judicious use of appropriate diet and drugs intermittently and at frequent intervals is recommended.

LAXATIVES AND PURGATIVES

Evacuation of the bowels from time to time is necessary as the faecal residue accumulates. A satisfactory evacuation is an important daily event in an individual.

An infant moves after food several times daily. This is a reflex action. As the infant grows up this action is regulated by offering the pot daily at regular intervals. The habit thus formed, in the majority of individuals, becomes fixed in later life.

In some people, however, there may be more than one evacuation in 24 hours or even one evacuation in 48 or 72 hours. There is no discomfort experienced in this. This is not unphysiological also.

Constipation is defined best as discomfort associated with incomplete evacuation of the bowels. The number of evacuations and the intervals between them vary from person to person. When there is genuine obstruction to the lumen of the bowel from any cause, constipation may be an early symptom and may be progressive in nature. This requires investigation not purgation.

The treatment of the common type of constipation as defined above may be undertaken after understanding the individual patient, his difficulties, the sanitary conveniences available to him and various other environmental factors. If constipation is not relieved by removal of these factors, laxatives and in some cases stronger agents may be required.

This may be for a copious evacuation occasionally or for regulation of bowel habits. Mild irritants may have to be used for short or long periods of time and gradually given up. Another group of agents act by lubricating the surface of the faeces making them soft so that they get more easily expelled. A third group produces a swelling of the *māās* by absorption of moisture and facilitates expulsion by intestinal peristalsis.

Recently, agents have been developed which have a detergent action resulting in the break up of hard masses; the stool becomes softer and is easily evacuated.

A preliminary selection of suitable laxatives should therefore be made on the basis of factors operating in an individual case of constipation.

If after use, the symptom is not relieved and discomfort persists, a fresh investigation of the alimentary tract is indicated to exclude obstruction requiring surgical intervention and/or radiation therapy. This should not be postponed till a mass is definitely felt for then surgical or other treatment may be of no avail.

HAEMATINICS

A reduction in the total number of red blood corpuscles and haemoglobin or a preponderating reduction of haemoglobin are often found in various conditions. Normal haemopoiesis is determined by many factors which include protein, erythrocyte maturing factor, iron, vitamin C, thyroxin etc. Anaemia may therefore result by the diminution of one or more of these. The correct treatment of anaemia will therefore depend on proper consideration of all the factors involved, their replacement and/or stimulation of their production.

Two main groups are recognised, those due to deficiencies of haemopoietic factors that are concerned with maturation of erythrocytes and exemplified by cyanocobalamin and those due to a diminution in the available iron required for manufacture of haemoglobin.

The first group is conveniently divided into pernicious anaemia with or without sub-acute combined degeneration of the spinal cord and with histamin fast achlorhydria, and nutritional macrocytic hyperchromic anaemia without achlorhydria. The factors involved in the production of these

anaemias are not yet fully worked out. But cyanocobalamin is sufficient for the former and folic acid with or without cyanocobalamin is required for the latter.

Iron deficiency anaemias may be due to nutritional deficiency of iron, or loss of iron with bleeding from any cause or lack of absorption from the gastro-intestinal tract. In such types, iron alone is required.

A combination of both deficiencies may occur in anaemias due to malnutrition, infections, new growths, etc.

The route of administration will have to be determined individually.

Parenteral administration of liver extracts is sometimes associated with sensitisation.

Parenteral administration of iron intravenously may be followed by a shock-like reaction, leakage in sub-cutaneous tissues may cause necrosis and pain at the site of injection even encephalopathy and death.

In a certain number of patients, other factors must be thought of such as lack of vitamin C, lack of protein, thyroxine etc. Lack of response to the usual measures suggests an underlying cause which is operating and which requires to be investigated and tackled.

VITAMINS

After the discovery of these substances which are of great importance in body metabolism as coenzymes, their daily requirements have been worked out by experiments in animals, and in humans. The daily requirements, so worked out are approximate average values only. They are usually made available to the body in various natural animal and vegetable foods and in this form they are best assimilated. Therefore, a properly balanced diet is to be aimed at in all cases.

However, deficiency syndromes occur and can usually be easily recognised in their well developed forms, such as, beriberi, scurvy, vitamin B12 deficiency, ariboflavinosis etc. Such deficiencies are associated with nutritional deficiencies also, and are therefore, multiple in nature.

Very little is definitely known about partial deficiencies and although in a few cases tests have been worked out to determine whether body stores are saturated with certain vitamins or are deficient, these are not satisfactory except in a few instances. Rational basis of prescribing vitamins is, therefore, difficult. However, their requirements increase during fevers, acute illnesses, poor nourishment and they should be prescribed in supplemental quantities.

With definite evidence of gross deficiencies, large quantities are required of the deficient ones and others in supplemental quantities. Rarely should one advocate regular vitamin intake in average healthy persons except during pregnancy, lactation and in protracted convalescence.

The requirement of a regular intake of vitamins in addition to normal food, either as preventive against illness or as beneficial in any way is not proved.

HORMONES

Substances produced by various glands of internal secretion and directly distributed to the tissues through the blood stream are called hormones.

Those most important to the practising doctor are hormones from the pituitary, thyroid, parathyroids, pancreas, cortex and medulla of the suprarenal gland and those from the testis, ovaries (ovarian and luteal) and placenta. A few of these are now synthesized. The majority are, however, obtained in a more or less purified form from the respective glands of animals and from the urine of pregnant mares and other similar sources. They are mostly biologically standardised. It is incumbent on the part of the practitioner to gain a clear conception of their actions and uses and also of the disadvantages, toxic effects and high cost involved in their use.

It would be wiser to avoid combinations. Some have clear cut indications, e.g. thyroxine in myxedema, some of the pituitary hormones in hyperpituitarism, corticosteroids in hypoadrenalism and androgens and estrogens in hypogonadism.

The use of the adrenocorticotrophic hormone of the pituitary has revolutionised the treatment of a large number of acute and chronic inflammations with or without specific

antibiotic and other treatment. A large part of this use is non-specific and requires careful study and documentation even by the general practitioner.

ELECTROLYTE, CALORIC AND WATER BALANCE

In many illnesses, acute, sub-acute or chronic, the electrolyte, caloric and water balance are severely upset. If not restored to normal either by tissue adjustments or by the use of appropriate agents, life may be threatened. These agents are the following :—

1. Acidifying agents.
2. Alkalinizing agents.
3. Replacement solutions.
4. Caloric agents.
5. Salt and sugar substitutes.
6. Plasma expanders.
7. Diuretics.

In conditions of acidosis or alkalosis, which may result from many factors, alkalinizing or acidifying drugs are required. They should be given in doses that maintain the urinary acidity, or alkalinity as long as required. Their use is not without danger as too large a dose or too long administration may produce gross alkalosis or acidosis.

Acidifying agents in common use are ammonium chloride and sodium diphosphate. The former depends on its action on the release of chloride ions as ammonia is converted into urea by the liver. If the liver functions are not satisfactory this may not occur and ammonia may accumulate to dangerous proportions.

The commonly used alkalinizing agents are the potassium acetate and citrate, sodium bicarbonate, sodium citrate and sodium lactate. The last is commonly required in severe acidosis as a 1/8th molar solution of sodium lactate intravenously and/or subcutaneously. The dose must be carefully regulated depending on the degree of acidosis as measured by determination of serum sodium level and of plasma carbon dioxide combining power whenever possible. Usually, 1/2 to 3 litres may be required for a moderately severe case of acidosis.

In conditions of shock, dehydration and after loss of fluids by vomiting, diarrhoea, excessive sweating, haemorrhages and inability to drink, fluids have to be administered subcutaneously, intravenously, intraperitoneally or orally.

These solutions may be macromolecular so that their hypertonicity may restore the blood volume and improve circulatory efficiency, or isotonic or mildly hypertonic for replacement.

Dextran and similar macromolecular solutions, plasma and/or whole blood are required in emergencies for the treatment of shock, dehydration and haemorrhages.

Various salt solutions containing sodium, potassium as chlorides or sodium lactate with or without glucose are used largely for replacement of fluid loss. They are also required for restoring the pH of blood to normal values.

Excess of potassium or sodium ions is to be avoided and renal functions kept in mind as poor renal function may be associated with intoxication by these ions.

It is often impossible to provide the required calories to a patient by mouth. Parenteral solutions intravenously administered or given through a tube in the stomach or duodenum are necessary for the purpose.

The commonest agents used are dextrose, fructose, invert sugar, aminoacid solutions and fat emulsions. Dextrose and fructose and aminoacids may be combined. Usually a litre of these will give about 400 calories. Fat emulsions will give more calories in a smaller bulk but are unpalatable and have to be given through a tube passed into the stomach. Intravenous fat emulsions have yet to be properly developed.

Sugar Substitutes

Where sugar has to be restricted in the diet for the treatment of diabetes or obesity, certain substitutes may be used to sweeten the food. These are cyclamate sodium and saccharin sodium. They may be used sparingly and in just sufficient quantities to sweeten the drink or food.

Salt Substitutes

Salt-free food or poor salt diets are often required in treatment. Sodium ions have to be restricted. Ammonium and potassium chlorides suitably flavoured are useful.

Diuretics

The regulation of the amount of urine secreted is a complex process. The main factors concerned are the volume of blood passing through the glomeruli, the pressure at which it passes, the electrolyte composition of the blood, and the action of the antidiuretic hormone of the pituitary.

Diuretics are substances which influence some of these factors at various levels.

The most important of these are substances that act on the reabsorptive capacity of the tubular cells such as the mercurials, that suppress the enzyme carbonic anhydrase such as acetazolamide, that dilate the capillaries of the glomeruli such as, theophylline ethylenediamine, theobromine compounds and acidifying and alkalinizing agents.

The indications of their use, therefore, vary from case to case. The effects and toxic actions vary from drug to drug. A preliminary plan is, therefore, necessary when diuretics are required in an individual case.

Excessive diuresis may lead to electrolyte imbalance due to excessive sodium and potassium loss and an acidosis may supervene leading to serious complications. Good laboratory facilities should, therefore, be available when powerful diuretics such as the mercurials and acetazolamide have to be used for any length of time.

TONICS

It is difficult, if not impossible, to define the word "Tonic". They are generally combinations of drugs in a mixture or tablets or capsules to be taken by mouth or combinations of drugs put up in ampoules for injection. These are largely prescribed for no valid reason and have replaced a placebo bottle of medicine such as a carminative or stomachic mixture at much greater cost.

Tonics should be split up into groups and used where definite indications exist. Some medical support is expected to be prescribed after recovery from an acute illness, after over work, worry, mental depression, general loss of appetite, low grade malnutritional states, after surgical operations, etc. The

usual tonics consist of a combination of drugs such as, glycerophosphates, hypophosphites, multivitamins, liver extracts, cod liver oil with malt extract, arsenic, strychnine, quinine, iron, small quantities of minerals, heavy metals, etc.

The selection for prescription from such a large number may prove difficult but too many of them should be avoided. It is, however, necessary to point out that proper indications should be worked out before prescribing these. Nutrition supplements with vitamins will be the most suitable in majority of cases.

Vitamin combinations are prescribed when the illness has been prolonged and nourishment poor. After a short acute illness, glycerophosphates or hypophosphites with vitamins will be useful. If anaemia persists, haematinics, as indicated by type of anaemia with addition of small doses of arsenic, quinine or iron may be prescribed. In every case a time limit should be placed and if complaints persist, a full review should be made and if only anxiety, fatigue, depression or irritability are found, ataractics will prove more valuable.

CHAPTER II

PHARMACOLOGICAL CLASSIFICATION OF THE DRUGS

The drugs and preparations of the National Formulary of India are arranged in an alphabetical order. The drugs are classified in fourteen main sections as follows :—

- I. Drugs acting on the Alimentary System.
- II. Drugs acting on Allergic Manifestations.
- III. Drugs acting on the Autonomic Nervous System.
- IV. Drugs acting on the Blood and Blood-Forming Organs.
- V. Drugs acting on the Cardio-Vascular System.
- VI. Drugs acting on the Nervous System.
- VII. Drugs acting on Infections and Infestations.
- VIII. Drugs acting on Nutrition and Metabolism.
- IX. Drugs acting on the Respiratory System.
- X. Drugs acting on the Uro-Genital System.
- XI. Drugs acting on the Skin and Mucous Membranes.
- XII. Hormones and Synthetic Substitutes.
- XIII. Drug acting on Eye, Ear, Nose and Throat.
- XIV. Miscellaneous Drugs.

I. Drugs Acting on the Alimentary System.

- (A) Antacids and Adsorbents
- (B) Anthelmintics
- (C) Antilemetics and Emetics
- (D) Antispasmodics and Astringents
- (E) Bitters
- (F) Carminatives
- (G) Digestive Enzymes
- (H) Drugs Acting on Liver and Gall Bladder
- (I) Drugs Acting locally on the Rectum
- (J) Laxatives and Purgatives
- (K) Neuromuscular Peristaltic Stimulants

(A) *Antacids and Adsorbents*

Aluminium Glycinate

Aluminium Glycinate and Magnesium Carbonate Powder 159

Aluminium Glycinate Tablets 170

Aluminium Hydroxide

Aluminium Hydroxide Mixture 136

Aluminium Hydroxide Tablets 170

Bismuth Carbonate

Bismuth Mixture for Infants 138,207

Bismuth Compound Powder 160

Calcium Carbonate

Calcium Carbonate Mixture for Infants 138,207

Charcoal

Charcoal, Activated Tablets 175

Kaolin

Kaolin Mixture for Infants	140,209
Kaolin Mixture	140
Kaolin Compound Powder	160

Magnesium Carbonate

Magnesium Carbonate Aromatic Mixture ..	141
Magnesium Carbonate Compound Powder ..	161

Magnesium Trisilicate

Magnesium Trisilicate Powder	161
Magnesium Trisilicate and Aluminium Hydroxide Powder	161
Magnesium Trisilicate and Belladonna Powder ..	161
Magnesium Trisilicate, Belladonna and Phenobarbitone Powder	161
Magnesium Trisilicate Compound Tablets ..	184

Sodium Bicarbonate

Sodium Bicarbonate Mixture for Infants ..	145,210
Sodium Bicarbonate Compound Mixture ..	145
Sodium Bicarbonate Compound Tablets ..	195

(B) Anthelmintics

Refer section A under VII Drugs acting on Infections and Infestations	58
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*(C) Antiemetics and Emetics***1. Antiemetics****Chlorpromazine**

Chlorpromazine Hydrochloride Tablets	176
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Promethazine Hydrochloride

Promethazine Hydrochloride Tablets	191
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2. Emetics**(a) Central**

Apomorphine			
Apomorphine Injection	100
(b) Local			
Common Salt			
Saturated Solution of Common Salt			
Mustard			
Mustard Powder			
(D) Antispasmodics and Astringents			
Atropine			
Atropine Sulphate Hypodermic Tablets	201
Atropine Sulphate Injection	100
Atropine Methonitrate Tablets	172
Belladonna			
Belladonna and Alkali Mixture	137
Belladonna and Phenobarbitone Tablets	173
Bismuth Carbonate			
Bismuth Mixture for Infants	138, 207
Bismuth and Morphine Mixture	138
Chalk			
Aromatic Powder of Chalk	159
Ipecacuanha			
Ipecacuanha and Opium Powder	160
Kaolin			
Kaolin and Morphine Mixture	140
Lobelia			
Lobelia and Stramonium Compound Mixture	140
Opium			
Aromatic Powder of Chalk with Opium	159
Chalk and Opium Mixture	138
Camphorated Opium Compound Mixture	138
Starch and Opium Emulsion	98

Pethidine Hydrochloride

Pethidine Hydrochloride Injection	118
Pethidine Hydrochloride Tablets	188

Rhubarb

Rhubarb and Chalk Powder	161
Rhubarb and Soda Powder	162

*(E) Bitters***Nux Vomica**

Nux Vomica and Acid Mixture	141
Nux Vomica and Alkali Mixture	142

Picrorhiza

Picrorhiza and Acid Mixture	142
Picrorhiza and Alkali Mixture	142

*(F) Carminatives***Ammonium Bicarbonate**

Aromatic Spirit of Ammonia	163
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Essential Oils

Essential Oils Mixture	139
------------------------	----	----	-----

Sodium Bicarbonate

Sodium Bicarbonate Compound Mixture	145
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*(G) Digestive Enzymes***Diastase**

Diastase Tablets	178
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Pancreatin

Pancreatin Compound Tablets	187
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Papain

Papain Mixture	142
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Pepsin

Pepsin, Papain and Pancreatin Tablets	188
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Pepsin Compound Elixir	95
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Yeast

Yeast Tablets	200
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*(H) Drugs acting on Liver and Gall Bladder***Antibiotics**

Refer to Section B under VII	59
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Cholic Acid

Cholic Acid and Hexamine Tablets	176
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Kalmegh

Kalmegh and Rhubarb Mixture	140
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Magnesium Sulphate

Magnesium Sulphate Mixture	141
----------------------------	----	----	-----

Vitamin K

Refer to Section D under VIII	65
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*(I) Drugs acting Locally on the Rectum***Enemas**

Glycerin Enema	97
Magnesium Sulphate Enema	97
Ox bile and Turpentine Enema	97
Paraldehyde Enema	98
Starch and Opium Enema	98
Soap Enema	98
Turpentine Enema	98

Suppositories**Bismuth Subgallate**

Bismuth Subgallate Compound Suppositories	..	166
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Glycerin

Glycerin Suppositories	..	166
Glycerin Suppositories for Infants	..	211

Tannic Acid

Tannic Acid Suppositories	..	166
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(J) Laxatives and Purgatives

Castor Oil

Castor Oil Emulsion for Infants 204

Sodium Potassium Tartrate

Compound Effervescent Powder 160

Figs

Compound Syrup of Figs for Infants 211

Liquorice

Liquorice Compound Powder 160

Magnesium Hydroxide

Magnesia Milk Mixture 141

Magnesium Sulphate

Magnesium Sulphate Mixture 141

Paraffin Liquid

Liquid Paraffin Emulsion 96

Paraffin with Magnesium Hydroxide Emulsion .. 97

Rhubarb

Rhubarb Mixture for Infants 145,210

Rhubarb Compound Mixture 145

Rhubarb and Chalk Powder 161

Senna

Senna Compound Mixture 145

Senna Syrup 167,211

(K) Neuromuscular Peristaltic Stimulants

Neostigmine Methyl Sulphate

Neostigmine Methyl Sulphate Injection 115

Pituitary (Posterior Lobe)

Pituitary (Posterior Lobe) Injection 119

II. Drugs acting on Allergic Manifestations

A. Antihistamines

B. Drugs acting in a non-specific manner

C. Sympathomimetic Amines

(A) Antihistamines

Antazoline Hydrochloride

Antazoline Cream	89
------------------	----	----	----	----

Antazoline Compound Eye Drops	91
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Antazoline Hydrochloride Tablets	171
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Antazoline Methane Sulphonate

Antazoline Injection	100
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Chlorcyclizine

Chlorcyclizine Tablets	175
------------------------	----	----	----	-----

Cyclizine

Cyclizine Tablets	178
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Diphenhydramine

Diphenhydramine Capsules	86
--------------------------	----	----	----	----

Diphenhydramine Elixir	94
------------------------	----	----	----	----

Mepyramine Maleate

Mepyramine Maleate Tablets	185
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Promethazine Hydrochloride

Promethazine Hydrochloride Tablets	191
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(B) Drugs acting in a non-specific manner

Corticotrophin (ACTH)

Corticotrophin Injection	102
--------------------------	----	----	----	-----

Cortisone Acetate

Cortisone Acetate Injection	103
-----------------------------	----	----	----	-----

Cortisone Acetate Tablets	177
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Prednisolone

Prednisolone Tablets	190
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Prednisone

Prednisone Tablets	190
--------------------	----	----	----	-----

(C) *Sympathomimetic Amines*

Ephedrine			
Ephedrine Hydrochloride Tablets	180
Epinephrine			
Epinephrine Injection	106
Epinephrine Solution	162
Isoprenaline Sulphate			
Isoprenaline Sulphate Spray	165
Isoprenaline Sulphate Compound Spray	165
Isoprenaline Sulphate Tablets	184

III. Drugs acting on the Autonomic Nervous System

(A) **Ganglion Blocking Agents**

(B) **Muscle Relaxants**

(C) **Sympathomimetic Drugs (Adrenergic)**

(D) **Parasympathomimetic Drugs (Cholinergic)**

(E) **Sympatholytic Drugs (Adrenergic Blocking)**

(F) **Parasympatholytic Drugs (Cholinergic Blocking)**

(A) *Ganglion Blocking Agents*

Hexamethonium Tartrate

Hexamethonium Tartrate Injection	108
Hexamethonium Tartrate Tablets	182

Mecamylamine Hydrochloride

Mecamylamine Hydrochloride Tablets	184
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Pentolinium Tartrate

Pentolinium Tartrate Injection	117
Pentolinium Tartrate Tablets	187

Tetraethylammonium Chloride

Tetraethylammonium Chloride Injection	..		125
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(B) *Muscle Relaxants*

Gallamine Triethiodide

Gallamine Triethiodide Injection	107
----------------------------------	----	----	-----

Mephensin				
Mephensin Injection	112
Mephensin Tablets	185
Succinylcholine Chloride				
Succinylcholine Chloride Injection	124
Tubocurarine Chloride				
Tubocurarine Chloride Injection	126
<i>(O) Sympathomimetic Drugs</i>				
Amphetamine Sulphate				
Amphetamine Sulphate Tablets	170
Ephedrine Hydrochloride				
Ephedrine Hydrochloride Tablets	180
Epinephrine Hydrochloride				
Epinephrine Hydrochloride Injection	106
Isoprenaline Sulphate				
Isoprenaline Sulphate Spray	163
Isoprenaline Sulphate Tablets	184
Levarterenol Bitartrate				
Levarterenol Bitartrate Injection	110
<i>(D) Parasympathomimetic Drugs</i>				
Carbachol				
Carbachol Injection	101
Methacholine Chloride				
Methacholine Chloride Injection	112
Neostigmine Bromide				
Neostigmine Bromide Tablets	186
Neostigmine Methyl Sulphate				
Neostigmine Methyl Sulphate Injection	115

(E) Sympatholytic Drugs

Dihydroergotamine				
Dihydroergotamine Injection	105			
Ergotamine Tartrate				
Ergotamine Tartrate Injection	104			
Ergotamine Tartrate Tablets	180			
Tolazoline Hydrochloride				
Tolazoline Hydrochloride Injection	126			

(E) Parasympatholytic Drugs

Atropine Methonitrate				
Atropine Methonitrate Solution for Infants ..	162,211			
Atropine Methonitrate Tablets	172			
Atropine Sulphate				
Atropine Sulphate Injection	100			

IV. Drugs acting on Blood and Blood-Forming Organs.

(A) Drugs used in Agranulocytosis

(B) Drugs used in Anaemias

(C) Drugs used in Leukemia

(D) Drugs used in Polycythæmia

(E) Drugs used in Purpuras

(F) Blood Substitutes

(A) Drugs used in Agranulocytosis

Antibiotics

Refer to section B under VII	59			
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Cyanocobalamin

Cyanocobalamin Injection	103			
Cyanocobalamin and Folic Acid Injection ..	103			
Cyanocobalamin and Folic Acid Tablets ..	177			

Folic Acid

Folic Acid Tablets	181			
Folic Acid Injection	107			

(B) Drugs used in Anaemia

Cyanocobalamin

Cyanocobalamin Injection	103
Cyanocobalamin Injection Strong	103
Cyanocobalamin and Folic Acid Injection	103

Ferrous Gluconate

Ferrous Gluconate Tablets	181
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Ferrous Sulphate

Ferrous Sulphate Mixture for Infants	139, 208
Ferrous Sulphate Tablets	181

Folic Acid

Folic Acid Tablets	181
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Iron

Iron and Arsenic Mixture	130
--------------------------	----	----	----	-----

Iron Dextran Injection	110
------------------------	----	----	----	-----

Saccharated Iron Oxide Injection	122
----------------------------------	----	----	----	-----

Liver Extract

Liver Crude Injection	110
-----------------------	----	----	----	-----

Whole Blood

Whole Blood Transfusion	129
-------------------------	----	----	----	-----

(C) Drugs used in Leukemia

Busulphan

Busulphan Tablets	173
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Corticotrophin (ACTH)

Corticotrophin Injection	102
--------------------------	----	----	----	-----

Mercaptopurine

Mercaptopurine Tablets	135
------------------------	----	----	----	-----

Mustine Hydrochloride

Mustine Hydrochloride Injection	114
---------------------------------	----	----	----	-----

Triethylene Melamine

Triethylene Melamine Tablets	109
------------------------------	----	----	----	-----

Urethane

Urethane Elixir	96
-----------------	----	----	----	----

(D) Drugs used in Polycythaemia

Mustine Hydrochloride

Mustine Hydrochloride Injection	114
---------------------------------	----	----	----	-----

(E) Drugs used in Purpura

Corticotrophin (ACTH)

Corticotrophin Injection	102
--------------------------	----	----	----	-----

Corticotrophin Gel Injection	102
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Cortisone Acetate

Cortisone Acetate Injection	103
-----------------------------	----	----	----	-----

Cortisone Acetate Tablets	177
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(F) Blood substitutes

Dextran

Dextran Transfusion	127
---------------------	----	----	----	-----

Plasma Human

Human Plasma Dried Transfusion	128
--------------------------------	----	----	----	-----

Polyvinyl Pyrrolidone

Polyvinyl Pyrrolidone Transfusion	128
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V. Drugs acting on the Cardio-Vascular System

(A) Preparations acting on the Heart Muscle

(B) Preparations acting on the Heart Rhythm

(C) Coagulants and Anticoagulants

(D) Sclerosing Agents

(E) Vasoconstrictor Drugs

(F) Vasodilator Drug :

(A) Preparations acting on the Heart Muscle

(a) Slow acting

Digitals

Digitalis Tablets	179
-------------------	----	----	----	----	-----

Digoxin Injection	105
-------------------	----	----	----	----	-----

Digoxin Tablets	179
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(b) Fast acting

Deslanoside C

Deslanoside C Injection	108
-------------------------	----	----	----	-----

(c) Very fast Acting

Quabain

Quabain Injection	116
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(d) Others

Potassium Chloride

Potassium Chloride Injection	119
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(B) Preparations acting on the Heart Rhythm

Procainamide

Procainamide Hydrochloride Injection	120
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Procainamide Hydrochloride Tablets	191
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Quinidine Sulphate

Quinidine Sulphate Injection	191
------------------------------	----	----	----	-----

Quinidine Sulphate Tablets	193
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(C) Coagulants and Anticoagulants

Coagulants

Menadione Sodium Bisulphite

Menadione Sodium Bisulphite Injection	111
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Protamine Sulphate

Protamine Sulphate Injection	120
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Anticoagulants

Ethyl Biscoumacetate

Ethyl Biscoumacetate Tablets	181
------------------------------	----	----	----	-----

Heparin

Heparin Injection	107
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Phenindione			
Phenindione Tablets	188
Sodium Citrate			
Sodium Citrate Injection	123
<i>(D) Sclerosing Agents</i>			
Ethanolamine			
Ethanolamine Oleate Injection	107
Quinine			
Quinine and Urethane Injection	121
<i>(E) Vasoconstrictor Drugs</i>			
Epinephrine			
Epinephrine Injection	106
Levarterenol Bitartrate			
Levarterenol Bitartrate Injection	110
Pholedrine			
Pholedrine Injection	118
Pituitary			
Pituitary (Posterior Lobe) Injection	119
<i>(F) Vasodilator Drugs</i>			
Aminophylline			
Aminophylline Injection	99
Aminophylline Suppositories	166
Aminophylline Tablets	170
Amyl Nitrite			
Amyl Nitrite Crushable Glass Capsules	88
Glyceryl Trinitrate			
Glyceryl Trinitrate Tablets	182
Hexamethonium			
Hexamethonium Tartrate Injection	108
Hexamethonium Tartrate Tablets	182

Nicotinic Acid				
Nicotinic Acid Injection	116
Nicotinic Acid Tablets	187
Octyl Nitrite				
Octyl Nitrite Crushable Glass Capsules	88
Papaveretum				
Papaveretum Injection	116
Papaverine Hydrochloride				
Papaverine Hydrochloride Injection	116
Papaverine Hydrochloride Tablets	187
Pentolinium Tartrate				
Pentolinium Tartrate Injection	117
Pentolinium Tartrate Tablets	187
Protoveratrin				
Protoveratrin Tablets	191
Rauvolfia				
Rauvolfia Tablets	193
Reserpine				
Reserpine Tablets	193
Tolazoline Hydrochloride				
Tolazoline Hydrochloride Injection	126

VI. Drugs acting on the Nervous System

- A. Anaesthetics
- B. Analgesics and Antipyretics
- C. Anticonvulsants
- D. Hypnotics
- E. Sedatives
- F. Stimulants and Convulsants
- G. Tranquillisers

(A) Anaesthetics

- (a) Local
- (b) General
- (a) Local

Amethocaine Hydrochloride

Amethocaine Eye-Drops	81
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Atropine and Amethocaine Eye Ointment	..	153
Amethocaine Suppositories	166
Phenol and Amethocaine Ear drops	90
Belladonna		
Belladonna Plaster	157
Benzocaine		
Benzocaine Compound Lozenges	135
Benzocaine Compound Ointment	148
Ethylchloride	202
Lignocaine		
Lignocaine Hydrochloride Injection	111
Lignocaine and Epinephrine Injection	111
Procaine		
Procaine Hydrochloride and Epinephrine Injection		120
(b) General		
Nitrous Oxide		
Nitrous Oxide and Oxygen		
Paraldehyde		
Paraldehyde Mixture	142
Chloroform	202
Cyclopropane	202
Diethyl Ether	202
Divinyl Ether	202
Ethylene	202
Trichlorethylene	202

(B) Analgesics and Antipyretics

Acetylsalicylic Acid

Acetylsalicylic Acid Mixture for Infants	..	136, 206
Acetylsalicylic Acid Tablets	168
Acetylsalicylic Acid Soluble Tablets	169

Acetylsalicylic Acid and Caffeine Tablets	168
Acetylsalicylic Acid, Compound Tablets	169
Acetylsalicylic Acid, Quinine and Codeine Tablets	..		192
Codeine Phosphate			
Codeine Compound Tablets	177
Codeine Phosphate Hemihydrate Tablets	..		177
Dihydroergotamine			
Dihydroergotamine Injection	105
Ergotamine Tartrate			
Ergotamine Tartrate Tablets	180
Morphine Sulphate			
Morphine Injection	113
Morphine and Atropine Sulphate Injection	..		113
Morphine and Hyoscine Injection	..		113
Morphine Sulphate Hypodermic Tablets	..		201
Morphine Suppositories	166
Morphine and Atropine Sulphate Hypodermic Tablets	201
Pethidine Hydrochloride			
Pethidine Hydrochloride Injection	118
Pethidine Hydrochloride Tablets	188
Phenylbutazone			
Phenylbutazone Tablets	169
Sodium Salicylate			
Sodium Salicylate Mixture	146
<i>(C) Anticonvulsants</i>			
Barbitone			
Barbitone Tablets	172
Barbitone Sodium			
Barbitone Sodium Tablets	172
Methoin			
Methoin Tablets	186

Paraldehyde				
Paraldehyde Mixture	142
Paraldehyde Injection	117
Phenobarbitone				
Phenobarbitone Tablets	188
Phenobarbitone Sodium				
Phenobarbitone Sodium Injection	118
Phenytoin Sodium				
Phenytoin Sodium Capsules	87
Phenytoin Sodium Elixir	95
Phenytoin Sodium Tablets	189
Primidone				
Primidone Tablets	191
Trichlorethylene				
Trichlorethylene Crushable Glass Capsules	88
Trimethadione				
Trimethadione Capsules	87
Trimethadione Tablets	199

(D) Hypnotics

(i) Short Acting

Chloral Hydrate

Chloral Hydrate Mixture	139
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Hexobarbitone

Hexobarbitone Tablets	182
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Paraldehyde

Paraldehyde Mixture	142
Paraldehyde Enema	98
Paraldehyde Injection	117

Quinalbarbitone

Quinalbarbitone Sodium Tablets	192
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Thiopentone Sodium

Thiopentone Sodium Injection	125
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(ii) Intermediate Acting**Amylobarbitone**

Amylobarbitone Tablets	171
Amylobarbitone Sodium Tablets	171
Dexamphetamine and Amylobarbitone Tablets	178

Butobarbitone

Butobarbitone Tablets	173
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(iii) Long Acting**Barbitone**

Barbitone Tablets	172
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Barbitone Sodium

Barbitone Sodium Tablets	172
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Phenobarbitone

Phenobarbitone Tablets	188
--------------------------------	-----

Phenobarbitone Sodium

Phenobarbitone Sodium Injection	118
Phenobarbitone Sodium Tablets	189

(E) Sedatives**Amylobarbitone**

Amylobarbitone Tablets	171
Amylobarbitone Sodium Tablets	171
Dexamphetamine and Amylobarbitone Tablets	178

Barbitone

Barbitone Tablets	172
Barbitone Sodium Tablets	172

Butobarbitone

Butobarbitone Tablets	173
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Chloral

Chloral and Potassium Bromide Mixture for Infants 139,207

Codeine

Codeine Mixture for Infants 139,208

Hexobarbitone

Hexobarbitone Tablets 182

Hyoscine Hydrobromide

Hyoscine Hydrobromide Hypodermic Tablets .. 201

Hyoscine Hydrobromide Tablets 183

Phenobarbitone

Belladonna and Phenobarbitone Tablets .. 173

Magnesium Trisilicate, Belladonna and Phenobarbitone Powder 161

Phenobarbitone Tablets 188

Pholcodine

Pholcodine Linctus 129

Potassium Bromide

Potassium Bromide Mixture 143

Potassium Bromide Mixture for Infants 143,209

Potassium Bromide and Chloral Mixture .. 143

Potassium Bromide and Belladonna Mixture for Infants 143,209

Potassium Bromide and Valerian Mixture .. 143

Potassium Bromide and Chloral Mixture for Infants 207

Quinalbarbitone

Quinalbarbitone Sodium Tablets 192

*(F). Stimulants and Convulsants***Amphetamine Sulphate**

Amphetamine Sulphate Tablets 170

Ammonium Bicarbonate

Ammonium Bicarbonate And Ipecacuanha Mixture 137

Dexamphetamine

Dexamphetamine Sulphate Tablets 178

Methyl Amphetamine

Methyl Amphetamine Hydrochloride Injection	..	113
Methyl Amphetamine Hydrochloride Tablets	..	186

(G) Tranquillizers**Chlorpromazine Hydrochloride**

Chlorpromazine Hydrochloride Elixir	..	94
Chlorpromazine Hydrochloride Injection	..	102
Chlorpromazine Hydrochloride Tablets	..	176

Hyoscine Hydrobromide

Hyoscine Hydrobromide Injection	..	109
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Meprobamate

Meprobamate Tablets	..	185
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Rauwolfia

Rauwolfia Tablets	..	193
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Reserpine

Reserpine Injection	..	122
Reserpine Tablets	..	193

VII—Drugs Acting on Infections and Infestations**(A) Anthelmintics****(B) Antibiotics****(C) Antifungal****(D) Antileprotics****(E) Antiprotozoal****(F) Antirickettsial****(G) Antitreponemal****(H) Antitubercular****(I) Sera and Vaccines****(J) Sulphonamides****(A) Anthelmintics****Diethylcarbamazine**

Diethylcarbamazine Citrate Tablets	..	179
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Male Fern Extract

Male Fern Extract Mixture	..	141
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Mepacrine Hydrochloride				
Mepacrine Hydrochloride Tablets	18	9
Piperazine Citrate				
Piperazine Citrate Elixir	95	
Piperazine Citrate Mixture for Infants	143,209	
Piperazine Citrate Tablets	190	
Santonin				
Santonin Tablets	194	
Tetrachlorethylene				
Tetrachlorethylene Capsules	87	
Tetrachlorethylene Mixture	146	
<i>(B) Antibiotics</i>				
Chloramphenicol				
Chloramphenicol Capsules	85	
Chloramphenicol Ear Drops	90	
Chloramphenicol Injection	101	
Erythromycin				
Erythromycin Injection	107	
Erythromycin Tablets	180	
Neomycin				
Neomycin and Bacitracin Eye Ointment	153	
Neomycin and Bacitracin Ointment	150	
Neomycin, Bacitracin and Benzocaine Lozenges	136	
Penicillin				
Benzyl Penicillin Injection	100	
Penicillin Aluminium Monostearate Injection	117	
Penicillin Spray	165	
Phenoxymethyl Penicillin Tablets	189	
Procaine Penicillin Fortified Injection	119	
Polymyxin B				
Polymyxin B Sulphate Injection	119	
Polymyxin B Sulphate Ointment	151	
Streptomycin				
Dihydrostreptomycin Injection	105	
Streptomycin Sulphate Injection	123	

Tetracyclines

Chlortetracycline Capsules	85
Oxytetracycline Capsules	86
Tetracycline Capsules	87
Tetracycline Ointment	152

Viomycin

Viomycin Sulphate Injection	127
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(G) Antifungal

Benzole Acid

Benzoic Acid Compound Ointment	149
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Crystal Violet

Crystal Violet Paint	154
Crystal Violet Compound Paint	154

Dithranol

Dithranol Ointment	149
Dithranol Ointment, Strong	149

Salicylic Acid

Salicylic Acid Collodion	89
Salicylic Acid Ointment	151

Zinc Undecenoate

Zinc Undecenoate Ointment	152
Zinc Undecenoate Dusting Powder	159

(D) Antileprotics

Dapsone

Dapsone Tablets	178
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Hydnocarpus Oil

Hydnocarpus Oil Injection	108
Ethyl Esters of Hydnocarpus Oil Injection	108

Solapsone

Solapsone Injection	123
Solapsone Tablets	195

(E) Antiprotozoal

(a) Antiamoebic

Acetarsol

Acetarsol Tablets	168
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Diethylcarbamazine

Diethylcarbamazine Citrate Tablets 179

Emetine Hydrochloride

Emetine Hydrochloride Injection 106

Glycothiarsol

Glycothiarsol Tablets 182

Hydroxyquinoline

Dihydroxyquinoline Tablets 179

Iodochlorohydroxyquinoline Tablets 183

Kurehi

Kurehi Compound Mixture 140

Kurehi Bismuth Iodide Tablets 184

(b) Antimalarial**Amediaquine**

Amediaquine Tablets 170

Chloroquine Phosphate

Chloroquine Phosphate Tablets 175

Chloroquine Sulphate

Chloroquine Sulphate Tablets 176

Mepacrine Hydrochloride

Mepacrine Hydrochloride Tablets 184

Mepacrine Methanesulphonate

Mepacrine Methanesulphonate Injection 111

Pyrimethamine

Pyrimethamine Tablets 192

Quinine

Quinine Bisulphate Tablets 193

Quinine Dihydrochloride Injection 121

Quinine Mixture Effervescent 144

Quinine with Iron and Arsenic Mixture 144

(c) Leishmaniasis**(1) Kala-Azar****Urea Stibamine**

Urea Stibamine Injection 126

(2) Leishmaniasis Tropica**Antimonials****Refer under 'Kala-Azar'****(F) Antirickettsial****Chloramphenicol**

Chloramphenicol Capsules	85
Chloramphenicol Injection	101

Tetracyclines

Tetracycline Capsules	87
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(G) Antitreponemal**Neosarsphenamine**

Neosarsphenamine Injection	114
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Pentamidine

Pentamidine Injection	117
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Procaine Penicillin

Procaine Penicillin with Aluminium Monostearate				
Injection	117

Benzyi Penicillin Injection	100
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Tryparsamide

Tryparsamide Injection	126
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(H) Antitubercular**Isoniazid**

Isoniazid Tablets	183
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Para-amino Salicylic Acid

Calcium Amino Salicylate Tablets	174
Sodium Amino Salicylate Tablets	194

Streptomycin

Dihydrostreptomycin Sulphate Injection	105
Streptomycin Sulphate Injection	123

Viomycin

Viomycin Sulphate Injection	127
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(I) Sera, Toxins and Vaccines

Sera

Diphtheria Antitoxin	202
Diphtheria Prophylactic	202
Gas Gangrene (Oedematiens) Antitoxin	202
Gas Gangrene (Perfringens) Antitoxin	202
Gas Gangrene (Septicum) Antitoxin	202
Tetanus Antitoxin	202

Toxins and Toxoids

Diphtheria Toxoid	202
Tetanus Toxoid	202
Tuberculin	202

Vaccines

Antirabic Vaccine	203
B.C.G. Vaccine	203
Cholera Vaccine	203
Plague Vaccine	203
Small Pox Vaccine	203
T. A. B. Vaccine	203
T.A.B.C. Vaccine	203
Typhus Vaccine	203
Whooping Cough Vaccine	203
Yellow Fever Vaccine	203

(J) Sulphonamides

Phthalylsulphathiazole

Phthalylsulphathiazole Tablets	190
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Sulphacetamide

Sulphacetamide Eye Drops, Strong	93
Sulphacetamide Eye Drops, Weak	93
Sulphacetamide Eye Ointment	154
Sulphacetamide Tablets	196

Sulphadiazine

Sulphadiazine Sodium Injection	124
Sulphadiazine Tablets	196

Sulphadimidine

Sulphadimidine Tablets	196
Sulphadimidine Sodium Injection	124

Sulphafurazole

Sulphafurazole Tablets	196
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Sulphaguanidine				
Sulphaguanidine Tablets	197
Sulphasomidine				
Sulphasomidine Tablets	197
VIII Drugs Affecting Nutrition and Metabolism				
(A) Preparations used for Infant Nutrition				
(B) Preparations used for Adult Nutrition				
(C) Minerals and Electrolytes				
(D) Vitamin Preparations				
(E) Antidiabetic Drugs				
<i>(A) Preparations used for Infant Nutrition</i>				
Humanised Milk	203
Lactated Milk	203
Protein Milk	203
Skimmed Milk	203
<i>(B) Preparations used for Adult Nutrition</i>				
Calcium				
Calcium Lactate Tablets	174
Calcium Gluconate Injection	101
Calcium Gluconate Tablets	174
Dextrose				
Dextrose Injection (5, 10, 25 and 50 per cent)	104
Dextrose in Normal Saline Transfusion	127
Invert Sugar				
Invert Sugar Transfusion	128
Protein Hydrolysate				
Protein Hydrolysate Transfusion	129
Protein Hydrolysate Powder	161
Plasma				
Human Plasma Dried Transfusion	128
<i>(C) Minerals and Electrolytes</i>				
Calcium Gluconate				
Calcium Gluconate Injection	101
Potassium Chloride				
Potassium Chloride Injection	119

Sodium Bicarbonate				
Sodium Bicarbonate Injection	122			
Sodium Lactate				
Sodium Lactate Transfusion	128			
Sodium Chloride				
Sodium Chloride Injection	123			
Sodium Chloride Compound Injection	123			
Sodium Chloride and Dextrose Solution Tablets	195			
Sodium Sulphate				
Sodium Sulphate Transfusion	128			
<i>(D) Vitamin Preparations</i>				
Vitamin A				
Shark Liver Oil Capsules	87			
Vitamin A Capsules -strong	88			
Vitamin A and D				
Vitamin A and D Capsules	88			
Shark Liver Oil Capsules	87			
Shark Liver Oil Emulsion for Infants	97,205			
Shark Liver Oil with Hypophosphites Emulsion	97,205			
Vitamin D				
Calciferol Tablets	173			
Calcium with Vitamin D Tablets	174			
Vitamin E				
Tocopherol Acetate Tablets	198			
Vitamin K				
Acetomenadione Tablets	168			
Ascorbic Acid				
Ascorbic Acid Tablets	172			
Ascorbic Acid Tablets for Infants	172,212			
Cyanocobalamin				
Cyanocobalamin Injection	103			
Cyanocobalamin Injection, Strong	103			
Cyanocobalamin and Folic Acid Injection	103			
Cyanocobalamin and Folic Acid Tablets	177			
Folic Acid				
Folic Acid Tablets	181			

Multivitamin				
Multivitamin Capsules	86
Multivitamin Capsules, Strong	86
Vitamin Compound Tablets, Prophylactic	199
Vitamin B Complex Compound Tablets, Therapeutic	200
Vitamin B Complex Injection	127
Nicotinamide				
Nicotinamide Injection	115
Nicotinamide Tablets	186
Nicotinic Acid				
Nicotinic Acid Injection	115
Nicotinic Acid Tablets	187
Pyridoxine				
Pyridoxine Hydrochloride Injection	121
Pyridoxine Hydrochloride Tablets	192
Riboflavin				
Riboflavin Injection	122
Riboflavin Tablets	193
Rutin				
Rutin Tablets	194
Sodium Ascorbate				
Sodium Ascorbate Injection	122
Thiamine Hydrochloride				
Thiamine Hydrochloride Injection	125
Thiamine Hydrochloride Tablets	197
Thiamine Hydrochloride Compound Tablets, Strong	197
<i>(E) Antidiabetic Drugs</i>				
Carbutamide				
Carbutamide Tablets	175
Insulin				
Insulin Injection	109
Insulin Isophane Injection	109
Insulin Zinc Suspension Injection	110
Insulin Zinc Suspension Amorphous Injection	110
Insulin Zinc Suspension Crystalline Injection	110
Protamine Zinc Insulin Injection	109
Tolbutamide				
Tolbutamide Tablets	199

IX. Drugs Acting on the Respiratory System

(A) Drugs acting as Bronchial Antispasmodics

(B) Drugs acting as Expectorants

(C) Respiratory Sedatives

(D) Respiratory Stimulants

(A) Drugs acting as Bronchial Antispasmodics

Aminophylline

Aminophylline Injection	99
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Aminophylline Tablets	170
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Amyl Nitrite

Amyl Nitrite Crushable Glass Capsules		88
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Cortisone

Cortisone Acetate Injection	103
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Cortisone Acetate Tablets	177
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Diphenhydramine

Diphenhydramine Capsules	86
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Ephedrine Hydrochloride

Ephedrine Hydrochloride Tablets for Infants	..	180,212		
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Ephedrine Hydrochloride Tablets		180
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Belladonna and Ephedrine Mixture for Infants	..	137,206		
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Epinephrine

Epinephrine and Atropine Compound Spray	..			164
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Epinephrine Injection	106
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Epinephrine Spray	164
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Epinephrine Solution	162
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Isoprenaline Sulphate

Isoprenaline Sulphate Spray	165
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Isoprenaline Sulphate Tablets	184
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Isoprenaline Sulphate Compound Spray	165
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Lobelia

Lobelia and Stramonium Compound Mixture	..			140
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Prednisolone	
Prednisolone Tablets	190
Prednisone	
Prednisone Tablets	190
(B) <i>Drugs acting as Expectorants</i>	
Ammonium Bicarbonate	
Ammonium Bicarbonate and Ipecacuanha Mixture ..	137
Ammonium Bicarbonate and Chinese Mixture ..	137
Ipecacuanha	
Ipecacuanha Mixture for Infants	139, 205
Ipecacuanha and Ammonia Mixture for Infants ..	159, 205
Ipecacuanha and Alkali Mixture	139
Ipecacuanha and Ureinea Linctus for Infants ..	129, 205
Belladonna and Ipecacuanha Mixture for Infants ..	137, 205
Liquorice	
Liquorice Lozenges	136
Potassium Iodide	
Potassium Iodide Mixture	144
Simple Linctus for Infants	130, 205
Terpin Hydrate	
Terpin Hydrate Elixir	96
Tolu	
Tolu Compound Linctus for Infants	130, 205
Ureinea	
Opiate Linctus of Ureinea for Infants	129, 205
Ureinea Syrup	167
Vasaka	
Vasaka Syrup	167
Vasaka, Colchic and Ipecacuanha Syrup	167

(C) Respiratory Sedatives

Codeine Phosphate				
Codeine Linctus	129
Ipecacuanha				
Ipecacuanha Mixture or Infants	208
Ipecacuanha and Opium Powder	160
Pholcodine				
Pholcodine Linctus	129
Urginea				
Urginea Opiate Linctus	130

(D) Respiratory Stimulants

Bemegride				
Bemegride Injection	100
Carbon Dioxide	202
Leptazol				
Leptazol Injection	110
Lobeline Hydrochloride				
Lobeline Hydrochloride Injection	111
Nalorphine				
Nalorphine Hydrobromide Injection	114
Nikethamide				
Nikethamide Injection	115
Oxygen				
Picrotoxin				
Picrotoxin Injection	118

X. Drugs Acting on the Uro-Genital System

(A) Urinary System

(a) Diuretics

(b) Antidiuretics

(c) Urinary antiseptics and antispasmodics

(B) Genital System**(a) Drugs acting on the Uterus****(b) Drugs acting locally on the Vagina****(c) Sex Hormones—(Female and Male)****(A) Urinary System****(a) Diuretics****Acetazolamide**

Acetazolamide Sodium Injection.. .. 99

Acetazolamide Tablets 168

Ammonium Chloride

Ammonium Chloride Mixture 137

Ammonium Chloride Tablets 170

Chlormerodrin

Chlormerodrin Tablets 176

Chlorthiazide

Chlorthiazide Tablets 176

Mercaptomerin

Mercaptomerin Injection 112

Mersalyl

Mersalyl Injection 112

Potassium Citrate

Potassium Citrate Mixture for Infants 143,210

Potassium Citrate Mixture 143

Potassium Citrate and Belladonna Mixture for
Infants 144,210**Sodium Citrate**

Sodium Citrate Mixture 145

Sodium Citrate Tablets for Infants 195,212

Sodium Sulphate

Sodium Sulphate Transfusion 128

(b) *Antidiuretics*

Vasopressin

Vasopressin Injection	126
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(c) *Urinary Antiseptics and Antispasmodics*

Nitrofurantoin

Nitrofurantoin Tablets .. .	187
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Hyoscyamus

Alkali and Hyoscyamus Mixture .. .	136
Belladonna Mixture for Infants .. .	138, 207

(B) **Genital System**

(a) *Drugs Acting on the Uterus*

Ergometrine Maleate

Ergometrine Maleate Injection	106
Ergometrine Maleate Tablets	180

Methyl Ergometrine

Methyl Ergometrine Injection	113
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Oxytocin

Oxytocin Injection	116
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Pituitary

Pituitary (Posterior Lobe) Injection	119
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(b) *Drugs Acting locally on the Vagina*

Acetarsol

Acetarsol Vaginal Tablets	168
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Nystatin

Nystatin Ointment	150
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(c) *Sex Hormones—(Female and Male)*

Dienoestrol

Dienoestrol Tablets	178
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Ethinylestradiol				
Ethinylestradiol Tablets	180
Ethisterone				
Ethisterone Tablets	181
Oestradiol Monobenzoate				
Oestradiol Monobenzoate Injection	115
Progesterone				
Progesterone Injection	120
Stilboestrol				
Stilboestrol Tablets	195
Methyltestosterone				
Methyltestosterone Tablets	186
Testosterone				
Testosterone Propionate Injection	125

XI. Drugs Acting on the Skin and the Mucous Membranes

A. Antiseptics

B. Astringents, Demulcents and Cooling Agents

C. Counterirritants

D. Parasitocidal Agents

(A) Antiseptics

(a) Anti-Infectives

Antibiotics and Sulphonamides See VII(F) & (J) .. 18,62

(b) General Antiseptics

Borax

Borax Compound Eye Lotion 134

Borax and Glycerin Paint 154

Boric Acid

Boric Acid Eye Lotion 134

Boric Acid Dusting Powder 158

Brilliant Green

Brilliant Green and Zinc Oxide Paste 156

Cetrimide				
Cetrimide Cream	89
Cetrimide Lotion	132
Chlorxylenol				
Chlorxylenol Lotion	132
Cresol				
Cresol with Soap Lotion	132
Iodine				
Iodine Compound Paint	154
Iodine Strong Lotion	133
Iodine Solution, Weak	163
Iodine Non-staining Ointment	150
Iodochlorohydroxyquinoline				
Iodochlorohydroxyquinoline Cream	89
Mercury Preparations				
Amino chloride of Mercury Ointment	148
Amino Chloride of Mercury and Coal Tar Ointment	148
Amino Chloride of Mercury, Coal Tar and Salicylic Acid Ointment	149
Atropine and Mercuric Oxide Eye Ointment	153
Mercuric Chloride Lotion	153
Phenol				
Phenol Lotion	133
Resorcinol				
Resorcinol Compound Ointment	151
Resorcinol Compound Paste	155
Resorcinol and Sulphur Paste	156
Salicylic Acid				
Salicylic Acid Ointment	151
Salicylic Acid and Mercuric Chloride Lotion	134
Salicylic Acid and Sulphur Ointment	151
Salicylic Acid and Coal Tar Paste	156
Salicylic Acid and Dithranol Paste	156
Salicylic Acid Compound Dusting Powder	158

Silver Acetate

Silver Acetate Eye Drops	93
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Spirit

Surgical Spirit	163
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Sulphur

Sulphurated Potash and Zinc Lotion	134
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Sulphur Ointment	151
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Tar

Coal Tar Lotion	132
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Zinc Oxide

Zinc Oxide and Ichthammol Cream	90
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Zinc Oxide, Salicylic Acid and Ichthammol Paste	..	157
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Zinc Oxide and Salicylic Acid Dusting Powder	..	158
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Zinc Oxide and Starch Dusting Powder	..	158
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Zinc Oxide and Coal Tar Paste	..	156
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Zinc Oxide and Salicylic Acid Paste	..	157
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Zinc Undecenoate

Zinc Undecenoate Ointment	..	152
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Zinc Undecenoate Dusting Powder	..	159
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Zinc Sulphate

Zinc Sulphate Lotion	..	134
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*(B) Astringents, Demulcents and Cooling Agents***Aluminium Acetate**

Aluminium Acetate Lotion	..	131
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Ammonium Chloride

Evaporating Lotion	..	133
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Calamine

Calamine Cream	..	89
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Calamine Lotion	..	131
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Calamine Only Lotion	..	132
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Calamine Ointment	..	149
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Calamine Compound Ointment	..	149
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Ichthammol				
Ichthammol Ointment	150
Lead				
Lead Lotion	133
Lead Compound Lotion	133
Magnesium Sulphate				
Magnesium Sulphate Paste	155
Zinc Oxide				
Zinc Gelatin Paste	150
Zinc Oxide and Castor Oil Cream for Infants			..	204
Zinc Oxide and Ichthammol Cream			..	90
Zinc Oxide Ointment	152
Zinc Oxide and Camphor Ointment			..	152
Zinc Oxide Compound Paste			..	157
<i>(C) Counterirritants</i>				
Methyl Salicylate				
Methyl Salicylate Liniment	131
Methyl Salicylate Ointment	150
Iodine with Methyl Salicylate Ointment, Non-staining				150
Aconite				
Aconite, Belladonna and Chloroform Liniment			..	130
Camphor				
Ammoniated Camphor Liniment		130
Camphor Liniment	130
Carbon Dioxide				
Carbon Dioxide Snow	202
Copper Sulphate				
Copper Sulphate Crystals	202
Kaolin				
Kaolin Poultice	157
Menthol				
Menthol and Eucalyptus Oil Ointment	150

Myrobalan				
Small Myrobalan Ointment	151
Myrobalan and Opium Ointment	150
Podophyllin				
Podophyllin Compound Paint	155
Salicylic Acid				
Salicylic Acid Collodion	89
Turpentine				
Turpentine Liniment	131

(D) Parasiticial Agents

Benzyl Benzoate				
Benzyl Benzoate Application	84
Dicophane				
Dicophane Application	84
Dicophane Dusting Powder	158
Gamma Benzene Hexachloride				
Gamma Benzene Hexachloride Application	..			85
Zinc Oxide				
Zinc Oxide, Salicylic Acid and Ichthammol Paste	157
Zinc Oxide and Salicylic Acid Paste	157

XII. HORMONES AND SYNTHETIC SUBSTITUTES

- A. Pancreatic Hormone Preparations**
- B. Pituitary Preparations**
- C. Sex Hormone Preparations (Female and Male)**
- D. Suprarenal Cortex Preparations**
- E. Thyroid and Antithyroid Preparations**

(A) Pancreatic Hormone Preparations

Also see sec. VIII (E)	—	..	66
Insulin Injection	..	—	109

Insulin Isophane Injection	109
Insulin Zinc Suspension Injection	110
Insulin Zinc Suspension Amorphous Injection	110
Insulin Zinc Suspension Crystalline Injection	110
Insulin Protamine Zinc Injection	109

(B) Pituitary Preparations

Corticotrophin				
Corticotrophin Injection	102
Chorionic Gonadotrophin				
Chorionic Gonadotrophin Injection	102
Oxytocin				
Oxytocin Injection	116
Pituitary (Posterior Lobe)				
Pituitary (Posterior Lobe) Injection	119
Vasopressin				
Vasopressin Injection	126

(C) Sex Hormone Preparations—(Female and Male)

(a) Female

Dienoestrol				
Dienoestrol Tablets	178
Ethinylloestradiol				
Ethinylloestradiol Tablets	180
Ethisterone				
Ethisterone Tablets	181
Oestradiol Monobenzoate				
Oestradiol Monobenzoate Injection	116
Progesterone				
Progesterone Injection	120
Stilboestrol				
Stilboestrol Tablets	196

(b) Male

Methyltestosterone

Methyltestosterone Tablets 186

Testosterone

Testosterone Propionate Injection 125

(D) Suprenal Cortex Preparations

Cortisone Acetate

Cortisone Acetate Injection 103

Cortisone Acetate Tablets 177

Desoxycorticosterone Acetate

Desoxycorticosterone Acetate Injection .. 104

Hydrocortisone

Hydrocortisone Acetate Injection 109

Hydrocortisone Eye-Drops 92

Hydrocortisone Ointment 149

Hydrocortisone Eye Ointment 153

Hydrocortisone Acetate Ointment 149

Hydrocortisone Tablets 183

Prednisolone

Prednisolone Tablets 190

Prednisone

Prednisone Tablets 190

(E) Thyroid and Antithyroid Preparations

Carbimazole

Carbimazole Tablets 175

Iodine

Iodine Solution, Aqueous 162

Methimazole

Methimazole Tablets 186

Propylthiouracil				
Propylthiouracil Tablets	191
Thyroid				
Thyroid Tablets	198
Thyroxine Sodium				
L-Thyroxine Sodium Tablets	198

XIII. Drugs Acting on Eye, Ear, Nose and Throat

A. Drugs Acting on Eye

B. Drugs Acting on Ear

C. Drugs Acting on Nose

D. Drugs Acting on Throat

(A) Drugs Acting on the Eye

Amethocaine Hydrochloride				
Amethocaine Eye-Drops	91
Atropine and Amethocaine Eye Ointment			..	153
Antazoline				
Antazoline Compound Eye-Drops	91
Atropine				
Atropine Sulphate Eye-Drops	91
Atropine Eye Ointment	153
Borax				
Borax Compound Eye Lotion	134
Boric Acid				
Boric Acid Eye Lotion	134
Di-isopropyl Fluorophosphate				
Di-isopropyl Fluorophosphate Eye-Drops			..	92
Homatropine				
Homatropine Eye-Drops	92
Hydrocortisone				
Hydrocortisone Eye-Drops	92
Hydrocortisone Eye Ointment		153

Hyoscine				
Hyoscine Eye-Drops	92
Hyoscine Eye Ointment	153
Mercuric Oxide				
Atropine and Mercuric Oxide Eye Ointment	153
Mercuric Oxide Eye Ointment	153
Mercuric Oxycyanide				
Mercury Oxycyanide Eye Lotion	135
Neomycin				
Neomycin and Bacitracin Eye Ointment	153
Neostigmine				
Neostigmine Eye-Drops	92
Physostigmine				
Physostigmine Salicylate Eye-Drops	92
Physostigmine Eye Ointment	154
Pilocarpine				
Pilocarpine Nitrate Eye-Drops	93
Pilocarpine Eye Ointment	153
Silver Acetate				
Silver Acetate Eye-Drops	93
Silver Protein				
Mild Silver Protein Eye-Drops	92
Sodium Bicarbonate				
Sodium Bicarbonate Eye Lotion	135
Sodium Chloride				
Sodium Chloride Eye Lotion	135
Sulphacetamide				
Sulphacetamine Eye-Drops, Strong	93
Sulphacetamide Eye-Drops, Weak	93
Sulphacetamide Eye Ointment	154

Zinc Sulphate				
Zinc Sulphate Eye-Drops	93
Zinc Sulphate Compound Eye Lotion	135

(B) Drugs Acting on Ear

Boric Acid	
Boric Acid Ear-Drops	90
Chloramphenicol	
Chloramphenicol Ear-Drops	90
Morphine	
Morphine Ear-Drops	90
Phenol	
Phenol Ear-Drops	90
Sodium Bicarbonate	
Sodium Bicarbonate Ear-Drops	81

(C) Drugs Acting on Nose

Alkaline Drugs	
Alkaline Nasal Solution Tablets	169
Alkaline Nasal Wash	148
Chlorbutol	
Chlorbutol and Menthol Nasal Drops	93
Chlorbutol Spray	164
Ephedrine Hydrochloride	
Ephedrine Nasal Drops	94
Hydrocortisone	
Hydrocortisone Nasal Drops	94
Silver Protein	
Mild Silver Protein Nasal Drops	94

(D) Drugs Acting on the Throat

Benzalkonium	
Benzalkonium Chloride Lozenges	135
Benzocaine	
Benzocaine Compound Lozenges	135

Benzoin				
Compound Benzoin Inhalation		99
Borax				
Glycerin Borax Paint	154
Chlorbutol				
Chlorbutol Spray	164
Iodine				
Iodine Compound Paint	154
Liquorice				
Liquorice Lozenges	136
Menthol				
Menthol Inhalation	99
Menthol and Eucalyptus Inhalation		99
Neomyein				
Neomyein, Bacitracin, and Benzocaine Lozenges	..			136
Penicillin				
Penicillin Spray	165
Phenol				
Phenol and Alkali Mouth Wash		146
Potassium Chlorate				
Potassium Chlorate and Phenol Mouth Wash	..			147
Tannic Acid				
Glycerin Tannic Acid Paint	155
Thymol				
Thymol Compound Mouth Wash		147

XIV. Miscellaneous Drugs

Enzymes Acting Locally

Hyaluronidase

Hyaluronidase Injection	108
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Sweetening Agents

Saccharin

Saccharin Tablets	194
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Cyclamate Sodium

Cyclamate Sodium Tablets	177
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Others

Collodion

Flexible Collodion	83
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CHAPTER III

FORMULATIONS

Labelling : All preparations should conform to the labelling requirements prescribed under the Drugs Rules in addition to any other requirements which may be specified in the monograph.

APPLICATIONS

50 ml. to be dispensed unless otherwise directed.

Labelling: For external use only. The prescriber's instructions for use should be inserted on the label. In the absence of such instructions directions of use, if any, given in the monograph should be stated.

Benzyl Benzoate Application I.P.

Benzyl Benzoate	12.5 g.
Emulsifying Wax	1.0 g.
Distilled Water	to 50 ml.

Directions for use: To be applied with a brush over the whole body, omitting the head.

Dicophane Application

Dicophane	1.0 g.
Emulsifying Wax	2.0 g.
Xylene, of commerce	7.5 ml.
Citronella Oil	0.35 ml.
Distilled Water	to 50 ml.

Directions for use: Rub about 15 ml. (one tablespoonful) with the fingers into the hair and the roots of the hair. Do not wash the head for the next 24 hours.

Gamma Benzene Hexachloride Application

Gamma Benzene Hexachloride	50 mg.
Emulsifying Wax	2.0 g.
Xylene, of commerce	0.75 ml.
Citronella Oil	0.25 ml.
Distilled Water	to 50 ml.

Directions for use: Rub about 15 ml. (one tablespoonful) with the fingers into the hair and the roots of the hair. Do not wash the head during the next 24 hours.

CAPSULES

Chloramphenicol Capsules

(SCHEDULE L)

Capsules each containing 250 mg. to be dispensed, unless otherwise directed. The number of capsules to be dispensed to be stated by the prescriber.

DOSAGE: Chloramphenicol Adults: 1.5 to 4 g. daily, in divided doses.

Children: 50 mg. per kg. of body weight daily, in divided doses.

These capsules should be kept in a cool place. For administration of supplementary vitamins of the B group see note on page 16.

Chlortetracycline Capsules

(SCHEDULE L)

Capsules each containing 250 mg. to be dispensed unless otherwise directed.

The number of capsules to be dispensed to be stated by the prescriber.

DOSAGE: Chlortetracycline Hydrochloride Adults: 1 to 2 g. daily, in divided doses.

Children: 10 to 20 mg. per kg. of body weight daily, in divided doses.

These capsules should be kept in a cool place. For administration of supplementary vitamins of the B group see note on page 16.

Diphenhydramine Capsules

The number of capsules to be dispensed, the quantity of diphenhydramine hydrochloride in each, and the dose should be stated by the prescriber.

DOSE: Diphenhydramine 50 to 100 mg.

Multivitamin Capsules

Each capsule contains:

Vitamin A	5,000 I.U.
Vitamin D	400 I.U.
Thiamine Hydrochloride	2 mg.
Niacinamide	20 mg.
Riboflavine	2 mg.
Ascorbic Acid	75 mg.

24 capsules to be dispensed unless otherwise directed by the prescriber.

DOSE: 1 or 2 capsules daily.

Multivitamin Capsules Strong

Each capsule contains:

Vitamin A	10,000 I.U.
Vitamin D	1,000 I.U.
Thiamine Hydrochloride	5 mg.
Riboflavine	3 mg.
Pyridoxine Hydrochloride	1 mg.
Calcium Pantothenate	5 mg.
Niacinamide	25 mg.
Cyanocobalamin	2 mcg.
Ascorbic Acid	100 mg.

24 capsules to be dispensed unless otherwise directed by the prescriber.

DOSE: 1 or 2 capsules daily.

Oxytetracycline Capsules

(SCHEDULE L)

Capsules each containing 250 mg. to be dispensed unless otherwise directed.

Dosage: Oxytetracycline Hydrochloride Adults: 1 to 4 g. daily, in divided doses.

Children: 20 to 40 mg. per kg. of body weight daily, in divided doses.

Phenytoin Sodium Capsules

24 capsules each containing 100 mg. to be dispensed unless otherwise directed.

To be dispensed and used only as per the directions of the prescriber.

Dosage: Phenytoin Sodium 50 to 100 mg.

Shark Liver Oil Capsules

24 capsules each containing 6,000 Units of Vitamin A activity and 1,000 Units of antirachitic activity (Vitamin D) to be dispensed unless otherwise directed.

Dosage: 1 or 2 capsules to be taken twice or thrice a day as directed by the prescriber.

Tetrachlorethylene Capsules

Capsules each containing 1 ml. to be dispensed unless otherwise directed.

The number of capsules to be dispensed to be stated by the prescriber.

Dosage: Tetrachlorethylene 1 to 3 ml. as a single dose.

CAUTION: *Do not use broken capsules*

Tetracycline Capsules

(SCHEDULE L)

Capsules each containing 250 mg. to be dispensed unless otherwise directed.

Dosage: Tetracycline Adult: 1 to 2 g. daily, in divided doses.

Children: 10 to 20 mg. per kg. of body weight daily, in divided doses.

Trimethadione Capsules

Capsules each containing 0.3 g. to be dispensed unless otherwise directed.

The number of capsules to be dispensed to be stated by the prescriber.

Dosage: Trimethadione 1 to 2 g. daily, in divided doses.

Vitamin A Capsules(Strong)

24 Capsules each containing 50,000 Units of Vitamin A activity to be dispensed unless otherwise directed.

Dosage: 1 or 2 capsules daily.

They should be kept in a cool place, in well-closed containers and protected from light.

Vitamin A and D Capsules

24 Capsules each containing 4,500 Units of Vitamin A activity and 450 Units of antirachitic activity (Vitamin D) to be dispensed unless otherwise directed.

Dosage: 1 to 5 capsules daily.

They should be kept in well-closed containers, in a cool place and protected from light.

CAPSULES (GLASS, CRUSHABLE)

Crushable glass capsules consist of thin-walled glass capsules enclosed in an absorptive and protective fabric.

LABELLING: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions state—"To be crushed between the finger and thumb and the vapour inhaled."

Amyl Nitrite Glass Crushable Capsules

The capsules are made in two sizes, each containing 0.2 ml. or 0.3 ml. of amyl nitrite.

6 capsules each containing 0.2 ml. to be dispensed unless otherwise directed.

Octyl Nitrite Glass Crushable Capsules

6 capsules each containing 0.2 ml. to be dispensed unless otherwise directed.

Trichlorethylene Glass Crushable Capsules

6 capsules each containing 1 ml. of trichlorethylene to be dispensed unless otherwise directed.

COLLODIONS

LABELLING: For external use only.

100 ml. to be dispensed unless otherwise directed.

Flexible Collodion I.P.

Pyroxilin	1.6	g.
Resin	3.0	g.
Castor Oil	2.0	ml.
Alcohol (90 per cent)	24.6	ml.
Solvent Ether	to 100	ml.

Salicylic Acid Colloidon

Salicylic Acid	12 g.
Flexible Colloidon	to 100 ml.

CREAMS

LABELLING : For external use only.

Antazoline Cream

Antazoline HCl trichloride	0.5 g.
Stearic Acid	1.25 g.
Liquid Paraffin	5.0 g.
Cetomacrogol Emulsifying Wax	2.25 g.
Glycerin	1.25 g.
Water	to 25 g.

25 g. to be dispensed unless otherwise directed.

Calamine Cream

Calamine, finely sifted	4 g.
Zinc Oxide, finely sifted	3 g.
Emulsifying Wax	4 g.
Arachis Oil	40 g.
Water	to 100 g.

100 g. to be dispensed unless otherwise directed.

Cetrimide Cream

Cetrimide	0.125 g.
Cetostearyl Alcohol	1.25 g.
Liquid Paraffin	12.5 ml.
Distilled Water	to 25 g.

25 g. to be dispensed unless otherwise directed.

Iodochlorohydroxyquinoline Cream

Iodochlorohydroxyquinoline	0.75 g.
Vaseline	to 25 g.

25 g. to be dispensed unless otherwise directed.

Zinc Oxide and Castor Oil Cream

See page 204, Chapter IV.

Zinc Oxide and Ichthammol Cream

Zinc Oxide	4.7	g.
Ichthammol	1.58	g.
Wool Fat	4.7	g.
Arachis Oil	4.7	g.
Solution of Calcium Hydroxide	4.7	g.
Liquid Paraffin	to 25	g.

25 g. to be dispensed unless otherwise directed.

DROPS**(a) Ear-Drops**

LABELLING: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions, state three or four drops to be put in the affected ear.

15 ml. to be dispensed unless otherwise directed.

Boric Acid Ear-Drops

Boric Acid	0.3	g.
Industrial Alcohol	3	ml.
Water	to 15	ml.

Chloramphenicol Ear-Drops

Chloramphenicol	0.75	g.
Propylene Glycol	to 15	ml.

They should be protected from light.

Sensitisation has been reported after topical use of Chloramphenicol.

Morphine Ear-Drops

Morphine Hydrochloride	0.75	g.
Phenol	1.5	g.
Glycerin	to 15	ml.

Phenol Ear-Drops

Glycerin of Phenol	5.6	ml.
Glycerin	to 15	ml.

LABELLING: Caution: These ear-drops must not be diluted with water.

Phenol and Amethocaine Ear-Drops

Glycerin of Phenol	2.8	ml.
Amethocaine Hydrochloride	0.15	mg.
Glycerin	to 15	ml.

LABELLING: Caution: These ear-drops must not be diluted with water.

Sodium Bicarbonate Ear-Drops

Sodium Bicarbonate	0.75 g.
Glycerin	5.0 ml.
Distilled Water	to 15 ml.

(b) Eye-Drops

5 ml. to be dispensed unless otherwise directed.

Eye drops must be freshly prepared with aseptic precautions, and dispensed in previously sterilised containers. A suitable fungistatic, such as Solution for Eye-Drops should be used in preparations liable to support the growth of moulds. Care should be taken to avoid contamination during use.

When possible, eye drops should be made approximately isotonic with the lachrymal secretion, by the addition of sodium chloride or other suitable substance, to give an osmotic pressure equal to that of 0.9 per cent w/v solution of sodium chloride in water.

Solution for Eye-Drops

Methyl Hydroxybenzoate	11 mg.
Propyl Hydroxybenzoate	5 mg.
Distilled Water, freshly prepared and cooled	to 5 ml.

Amethocaine Eye-Drops

Amethocaine Hydrochloride	50 mg.
Sodium Chloride	34 mg.
Solution for Eye-Drops	to 5 ml.

Antazoline Compound Eye-Drops

Antazoline Hydrochloride	25.0 mg.
Naphazoline Nitrate	1.25 mg.
Sodium Chloride	40.0 mg.
Solution for Eye-Drops	to 5 ml.

Atropine Sulphate Eye-Drops

Atropine Sulphate	50 mg.
Sodium Chloride	37.5 mg.
Solution for Eye-Drops	to 5 ml.

Di-Isopropylfluorophosphate Eye-Drops

Di-Isopropylfluorophosphate	5	mg.
Arachis Oil	5	ml.

Fluorescein Eye-Drops

Fluorescein Sodium	0.1	g.
Sodium Chloride	0.16	g.
Solution for Eye-Drops	to 5	ml.

Homatropine Eye-Drops

Homatropine Hydrobromide	0.1	g.
Sodium Chloride	28.0	mg.
Solution for Eye-Drops	to 5	ml.

Hydrocortisone Eye-Drops

A buffered isotonic suspension containing 1 per cent w/v of hydrocortisone acetate.

Hyoscine Eye-Drops

Hyoscine Hydrobromide	12.5	mg.
Sodium Chloride	40.0	mg.
Solution for Eye-Drops	to 5	ml.

Mild Silver Protein Eye-Drops

Mild Silver Protein	1	g.
Distilled Water	to 5	ml.

These eye-drops must be protected from light.

Neostigmine Eye-Drops

Neostigmine Methyl Sulphate	0.15	g.
Sodium Chloride	15.0	mg.
Solution for Eye-Drops	to 5	ml.

Physostigmine Salicylate Eye-Drops

Physostigmine Salicylate	25	mg.
Sodium Chloride	40	mg.
Sodium Metabisulphite	2	mg.
Solution for Eye-Drops	to 5	ml.

These eye-drops must be protected from light.

Pilocarpine Nitrate Eye-Drops

Pilocarpine Nitrate	50	mg.
Sodium Chloride	34	mg.
Solution for Eye-Drops	to 5	ml.

Silver Acetate Eye-Drops

Silver Acetate	50	mg.
Distilled Water	to 5	ml.

Sulphacetamide Eye-Drops, Strong

Sulphacetamide Sodium	1.5	g.
Solution for Eye-Drops	to 5	ml.

These drops must be protected from light.

Sulphacetamide Eye-Drops, Weak

Sulphacetamide Sodium	0.5	g.
Solution for Eye-Drops	to 5	ml.

These drops must be protected from light.

Zinc Sulphate Eye-Drops

Zinc Sulphate	12.5	mg.
Sodium Chloride	40.0	mg.
Distilled Water	to 5	ml.

(c) Nasal Drops

Caution should be used in prescribing oily nasal drops since the oil is liable to retard the ciliary action of the mucosa of the respiratory tract and the drops of oil may enter the trachea; prolonged and continuous use may cause lipid pneumonia.

LABELLING: The physician's instructions for use should be inserted on the label. In the absence of such instructions, state—To be applied into the nostrils with a dropper.

15 ml. to be dispensed unless otherwise directed.

Chlorbutol and Menthol Nasal Drops

Chlorbutol	150	mg.
Menthol	150	mg.
Camphor	225	mg.
Cinnamon Oil	12	ml.

Arachis Oil	3.75	ml.
Liquid Paraffin	to 15	ml.

Ephedrine Nasal Drops

Ephedrine Hydrochloride	150	mg.
Sodium Chloride	75	mg.
Chlorbutol	75	mg.
Water	to 15	ml.

Mild Silver Protein Nasal Drops

Mild Silver Protein	150	mg.
Ephedrine Hydrochloride	150	mg.
Normal Saline	to 15	ml.

3 to 5 drops to be installed into each nostril.

Hydrocortisone Nasal Drops

Hydrocortisone	3.0	mg.
Naphazoline Nitrate	3.75	mg.
Thiomersal	0.15	mg.
Normal Saline	to 15	ml.

To be sprayed into the nostrils.

ELIXIRS

100 ml. to be dispensed unless otherwise directed.

Chlorpromazine Hydrochloride Elixir

Chlorpromazine Hydrochloride	25	mg.
Orange Elixir	4	ml.

Diphenhydramine Elixir

Diphenhydramine Hydrochloride	0.25	g.
Orange Oil	0.024	ml.
Cinnamon Oil	0.011	ml.
Clove Oil	0.008	ml.
Coriander Oil	0.003	ml.

Anethole	0.008	ml.
Amaranth Solution	0.16	ml.
Alcohol	15	ml.
Syrup	35	ml.
Distilled Water	to 100	ml.

100 ml. to be dispensed unless otherwise directed.

DOSE: 10 to 20 ml. up to 4 times a day.

Pepsin Compound Elixir

Synonym: Lactated Pepsin Elixir, Compound Digestive Elixir.

Pepsin	3.5	g.
Lactic Acid	0.06	ml.
Glycerin	25	ml.
Alcohol	20	ml.
Orange Oil	0.2	ml.
Amaranth Solution	1.4	ml.
Distilled Water	to 100	ml.

DOSE: 8 ml.

Phenytoin Sodium Elixir

Phenytoin Sodium	100	mg.
Ethyl Alcohol	9.5	ml.
Simple Elixir	to 100	ml.

DOSE: 5 ml. as directed by the prescriber.

Piperazine Citrate Elixir

Piperazine Citrate	18.0	g.
Spirit of Peppermint	0.5	ml.
Glycerin	10	ml.
Solution of Sulphur Blue with Fastrazine	1.5	ml.
Syrup	50	ml.
Water	to 100	ml.

Piperazine Adipate may be used in place of Piperazine Citrate.

Terpine Hydrate Elixir I.P.

Terpine Hydrate	5.0 g.
Tincture of Orange	2.0 ml.
Glycerin	40.0 ml.
Alcohol	42.5 ml.
Distilled Water to 100	ml.

Urethane Elixir

Urethane	1.0 g.
Ethyl Alcohol	0.5 ml.
Glycerin	3.0 ml.
Simple Elixir to 5	ml.

DOSE: 5 ml. as directed by the physician.

EMULSIONS

Emulsions should be dispensed in wide mouthed bottles, and should always bear an instruction to shake the bottle.

200 ml. to be dispensed unless otherwise directed.

Castor Oil Emulsion for Infants

See page 204, Chapter IV.

Liquid Paraffin Emulsion I.P.

Liquid Paraffin	100.0 ml.
Acacia, in powder	25.0 g. or q.s.
Tragacanth, in powder	1.0 g.
Glycerin	25.0 ml.
Sodium Benzoate	1.0 g.
Vanillin	0.1 g.
Chloroform	0.5 ml.
Distilled Water to 200	ml.

DOSE: 8 to 30 ml.

Paraffin with Magnesium Hydroxide Emulsion

Liquid Paraffin	50	ml.
Mixture of Magnesium Hydroxide	200	ml.
Flavouring agents may be added.					

DOSAGE : 4 to 15 ml.

Shark Liver Oil Emulsion for Infants

See page 205, Chapter IV.

Shark Liver Oil with Hypophosphites Emulsion

Shark Liver Oil	60.0	ml.
Sodium Hypophosphite	2.0	g.
Calcium Hypophosphite	2.0	g.
Tragacanth, in powder	1.0	g.
Acacia	12.5	g.
Cinnamon Water	to 200	ml.

ENEMAS

Enemas should be freshly prepared and any solid substances or oils contained in them should be uniformly suspended. The quantity to be dispensed must be stated by the prescriber.

Glycerin Enema

Glycerin	50	ml.
Warm Water	to 100	ml.

DOSAGE : 30 ml. by rectal injection.

Magnesium Sulphate Enema

Magnesium Sulphate	50	g.
Water	to 100	ml.

DOSAGE: 80 to 130 ml., by rectal injection.

Ox Bile and Turpentine Enema

Extract of Ox Bile	6.25	ml.
Turpentine Oil	12.5	ml.

Glycerin	18.75	ml.
Soap Enema	to 100	ml.

Paraldehyde Enema

Paraldehyde	10.0	ml.
Sodium Chloride	0.8	g.
Water	to 100	ml.

Dosage: 40 to 50 ml. equivalent to 4 to 5 ml. of paraldehyde, per 10 kg. of body weight, by rectal injection.

Soap Enema

Soft Soap	5	g.
Warm Water	to 100	ml.

Dosage: 500 ml., by rectal injection.

Directions for use: To be given at body temperature.

Starch and Opium Enema

Tincture of Opium	3.3	ml.
Mucilage of Starch	to 100	ml.

Turpentine Enema

Turpentine Oil	5	ml.
Soap Enema	to 100	ml.

Dosage: 500 ml., by rectal injection.

INHALATIONS

LABELLING: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions state—Add 5 ml. to 500 ml. of hot, not boiling, water, and inhale the vapour.

25 ml. to be dispensed unless otherwise directed.

Benzoin Inhalation

Benzoin	2.50	g.
Prepared Starch	1.75	g.
Industrial Methylated Spirit	to 25	ml.

Compound Benzoin Inhalation

Menthol	0.60	g.
Oil of Eucalyptus	3.25	ml.
Benzoin Inhalation	to 25	ml.

Menthol Inhalation

Menthol	9.5	g.
Industrial Methylated Spirit	to 25	ml.

Menthol and Eucalyptus Inhalation

Menthol	9.4	g.
Eucalyptus Oil	3.0	ml.
Light Magnesium Carbonate	1.6	g.
Water	to 25	ml.

INJECTIONS**Acetazolamide Sodium Injection**

5 ml. vials.

Each vial contains 500 mg. of dry powder of acetazolamide sodium.

5 ml. vials to be dispensed unless otherwise directed.

Dosage: 250 to 500 mg., by intramuscular or intravenous injection.

Aminophylline Injection [I.P. (Theophylline) with Ethylenediamine]

10 ml. ampoules.

Each ampoule contains 250 mg. per 10 ml., of aminophylline in Water for Injection free from carbon dioxide.

10 ml. ampoules to be dispensed unless otherwise directed.
Dosage: Aminophylline.

Intravenous, 0.25 gm. in 10 ml.

Intramuscular, 0.5 gm. in 2 ml.

Antazoline Injection

2 ml. ampoules.

Each ampoule contains 100 mg. per 2 ml., of antazoline methanesulphonate in Water for Injection.

2 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Antazoline Methanesulphonate, 100 mg., by intravenous injection.

Apomorphine Injection

1 ml. ampoules.

Each ampoule contains 3 mg. per ml., of apomorphine hydrochloride in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed

DOSAGE: Apomorphine Hydrochloride, 2 to 8 mg., by subcutaneous injection.

Atropine Sulphate Injection

1 ml. ampoules.

Each ampoule contains 0.6 mg. per ml., of atropine sulphate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Atropine Sulphate, 0.25 to 1 mg., by subcutaneous or intramuscular injection.

Bemegride Injection

Each vial contains 50 mg. of the dry sterile bemegride powder.

Vials containing 50 mg. of bemegride should be dispensed unless otherwise directed.

The requisite quantity of Injection of Sodium Chloride should also be dispensed along with these vials.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

The solution is unstable and should be freshly prepared and used within 12 hours of preparation. Any unused solution should be discarded.

Benxyl Penicillin Injection I.P.

(SCHEDULE L)

Each vial contains 200,000 Units of sodium or potassium benzylpenicillin.

Vials containing 200,000 Units of sodium or potassium salts of benzyl penicillin to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed along with these vials.

DOSAGE: The dosage to be determined by the prescriber in accordance with the needs of the patient.

Calcium Gluconate Injection I.P.

10 ml. ampoules.

Each ampoule contains 1 g. per 10 ml., of calcium gluconate in Water for Injection.

10 ml. ampoules to be dispensed unless otherwise directed.
DOSAGE : 10 to 20 ml., by intravenous or intramuscular injection.

The injection should not be used if solid particles are present.

Carbachol Injection I.P.

1 ml. ampoules.

Each ampoule contains 0.25 mg. per ml., of carbachol in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.
DOSAGE : Carbachol, 0.25 to 0.5 mg., by subcutaneous injection.

Chloramphenicol Injection

(SCHEDULE L)

Each vial contains 1 g. of the dry sterile powder of chloramphenicol.

Vials containing 1 g. of chloramphenicol should be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed along with these vials.

DOSAGE: Chloramphenicol.

Adult, 1 g. intramuscularly every 12 hours.

Children, 0.15 g. per kg. body weight daily.

Chlorpromazine Injection

2 ml. ampoules.

Each ampoule contains 50 mg. per 2 ml., of chlorpromazine hydrochloride in Water for Injection.

2 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Chlorpromazine, Hydrochloride, 25 to 50 mg., by deep intramuscular or intravenous injection.

Chorionic Gonadotrophin Injection I.P.

Each vial contains 1000 Units of dry sterile powder of chorionic gonadotrophin.

Vials containing 1000 Units of chorionic gonadotrophin to be dispensed unless otherwise directed.

The requisite quantity of Injection of Sodium Chloride should also be dispensed along with these vials.

Dosage: Chorionic Gonadotrophin, 500 to 1000 Units, by intramuscular injection every 12 hours.

Corticotrophin Injection

5 ml. vials.

Each vial contains 40 Units per ml. of corticotrophin in Water for Injection.

5 ml. vials to be dispensed unless otherwise directed.

Dosage: Corticotrophin.

Intramuscular, 10 Units, 4 times a day.

Intravenous, 10 Units highly diluted, infused over an 8 hour period.

Corticotrophin Gel Injection

5 ml. vials.

Each vial contains 40 Units per ml. of corticotrophin in a vehicle which favours prolongation of the therapeutic effect.

5 ml. vials to be dispensed unless otherwise directed.

Dosage: Corticotrophin Gel.

10 Units daily, by intramuscular injection.

Cortisone Acetate Injection

10 ml. vials.

Each vial contains 25 mg. per ml., of cortisone acetate as a suspension in Injection of Sodium Chloride.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE: Cortisone Acetate.

Intramuscular, 20 to 50 mg., in single or divided doses.

Subconjunctival, 5 to 10 mg.

Cyanocobalamin Injection I.P.

1 ml. ampoules.

Each ampoule contains 50 mcg. per ml. of cyanocobalamin in Injection of Sodium Chloride.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Cyanocobalamin, 50 to 100 mcg., by intramuscular injection as an initial dose. Weekly maintenance dose, 50 to 100 mcg. every 2 or 3 weeks.

Cyanocobalamin Injection Strong

1 ml. ampoules.

Each ampoule contains 1000 mcg. per ml., of cyanocobalamin in Injection of Sodium Chloride.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: The dosage should be determined by the physician in accordance with the needs of the patient.

Cyanocobalamin and Folic Acid Injection

1 ml. ampoules.

Each ampoule contains 50 mcg., of cyanocobalamin and 5 mg. of folic acid per ml. in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: 1 ml., by intramuscular injection.

Deslanoside C Injection

2 ml. ampoules.

Each ampoule contains 0.4 mg. per 2 ml., of deslanoside C in 10 per cent alcohol.

2 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Deslanoside C, 1.2 to 1.6 mg., by intramuscular injection.

Maintenance dose, 0.2 to 0.6 mg.

Desoxycorticosterone Acetate Injection I.P.

1 ml. ampoules.

Each ampoule contains 5 mg. per ml., of desoxycorticosterone acetate in ethyl oleate or a suitable fixed oil.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Desoxycorticosterone Acetate, 2 to 5 mg. daily, by intramuscular injection.

Dextrose Injection 5 per cent I.P.

50 ml. ampoules.

Each ampoule contains 5 per cent w/v of dextrose in Water for Injection.

50 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Dosage is determined by the prescriber in accordance with the needs of the patient.

Dextrose Injection 10 per cent I.P.

50 ml. ampoules.

Each ampoule contains 10 per cent w/v of dextrose in Water for Injection.

50 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Dosage is determined by the prescriber in accordance with the needs of the patient.

Dextrose Injection 25 per cent I.P.

50 ml. ampoules.

Each ampoule contains 25 per cent w/v of dextrose in Water for Injection.

50 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Dosage is determined by the prescriber in accordance with the needs of the patient.

Dextrose Injection 50 per cent I.P.

50 ml. ampoules.

Each ampoule contains 50 per cent w/v of dextrose in Water for Injection.

50 ml. ampoules to be dispensed unless otherwise directed
DOSAGE: Dosage is determined by the prescriber in accordance with the needs of the patient.

Digoxin Injection

1 ml. ampoules.

Each ampoule contains 0.5 mg. per ml., of digoxin in 70 per cent alcohol.

1 ml. ampoules to be dispensed with the requisite quantity of Injection of Sodium Chloride.

LABELLING: The label should contain direction for dilution.

DOSAGE: Digoxin, 0.5 to 1 mg. by intravenous injection.

CAUTION: This injection should not be given if cardiac glycosides have been administered during the previous two weeks.

Dihydroergotamine Injection

1 ml. ampoules.

Each ampoule contains 1 mg. per ml., of dihydroergotamine methanesulphonate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Dihydroergotamine, 1 to 2 mg., by subcutaneous, intramuscular or intravenous injection.

Dihydrostreptomycin Sulphate Injection I.P.

(SCHEDULE L)

Each vial contains dihydrostreptomycin sulphate equivalent to 1 g. of the base.

Vials containing 1 g. of the base to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed along with these vials.

DOSAGE: Dihydrostreptomycin, 0.5 to 1 g. of base daily.

Dimercaprol Injection I.P.

4.5 ml. ampoules.

Each ampoule contains 10 per cent w/v of dimercaprol in arachis oil.

4.5 ml. ampoules to be dispensed unless otherwise directed.
Dosage: 4 ml. in divided doses during the first day and subsequently in accordance with the needs of the patient.

Emetine Hydrochloride Injection I.P.

1 ml. ampoules.

Each ampoule contains 60 mg. per ml., of emetine hydrochloride in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Emetine Hydrochloride, 30 to 60 mg., by subcutaneous or intramuscular injection.

It should be protected from light.

Epinephrine Injection I.P.

0.5 ml. ampoules.

Each ampoule contains epinephrine acid tartrate equivalent to epinephrine 1 in 1000 with sodium metabisulphite and sodium chloride, in Water for Injection.

0.5 ml. ampoules to be dispensed unless otherwise directed.
Dosage: Epinephrine, 0.12 to 0.5 ml., by subcutaneous injection.

It should be protected from light.

Ergometrine Maleate Injection I. P. (Ergonovine Maleate)

1 ml. ampoules.

Each ampoule contains 0.5 mg. per ml., of ergometrine maleate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Ergometrine Maleate.

Intramuscular, 0.2 to 1 mg.

Intravenous, 0.1 to 0.5 mg.

It should be protected from light.

Ergotamine Tartrate Injection I.P.

1 ml. ampoules.

Each ampoule contains 0.5 mg. per ml., of ergotamine tartrate in Injection of Sodium Chloride.

1 ml. ampoules to be dispensed unless otherwise directed.
DOSAGE: Ergotamine Tartrate, 0.25 to 0.5 mg., by subcutaneous or intramuscular injection.

It should be protected from light.

Erythromycin Injection

(SCHEDULE L)

2 ml. ampoules.

Each ampoule contains 100 mg. per 2 ml., of erythromycin.

2 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Ethanolamine Injection

Contains about 5 per cent w/v of ethanolamine oleate, with benzyl alcohol, in Water for Injection.

DOSAGE: 2 to 5 ml., by intravenous injection as a sclerosing agent.

Folic Acid Injection

1 ml. ampoules.

Each ampoule contains 15 mg. per ml., of folic acid in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Gallamine Triethiodide Injection

10 ml. vials.

Each vial contains 20 mg. per ml., of gallamine triethiodide.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE: Gallamine Triethiodide, initial 1 mg. per kg. body weight, subsequent 0.5 to 1 mg. every 40 to 80 minutes.

Heparin Injection I.P.

5 ml. vials.

Each vial contains 5000 I.U. per ml., of heparin.

5 ml. vials to be dispensed unless otherwise directed.

DOSAGE: Heparin, 6,000 to 12,000 Units by intravenous or intramuscular injection.

Hexamethonium Tartrate Injection

1 ml. ampoules.

Each ampoule contains 138 mg. per ml., of hexamethonium tartrate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Histamine Acid Phosphate Injection I.P.

1 ml. ampoules.

Each ampoule contains 1 mg. per ml., of histamine acid phosphate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Histamine Acid Phosphate, 0.5 to 1 mg., by subcutaneous injection.

Hyaluronidase Injection

Each ampoule contains 150 Units of hyaluronidase.

Ampoules each containing 150 Units to be dispensed unless otherwise directed.

Dosage: Hyaluronidase, usual 150 Units.

Hydnocarpus Oil Injection I.P.

2 ml. ampoules.

Each ampoule contains 2 ml. of hydnocarpus oil.

2 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Hydnocarpus Oil, 2 to 5 ml., by intramuscular or subcutaneous injection.

Ethyl Esters of Hydnocarpus Oil Injection I.P.

2 ml. ampoules.

Each ampoule contains 2 ml. of ethyl esters of hydnocarpus oil.

2 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Ethyl Esters of Hydnocarpus Oil, 2 to 5 ml., by intramuscular or subcutaneous injection.

Hydrocortisone Acetate Injection

5 ml. ampoules.

Each ampoule contains 25 mg. per ml., of hydrocortisone acetate in Injection of Sodium Chloride.

5 ml. ampoules to be dispensed unless otherwise directed.

Dosage: The dosage should be determined by the physician in accordance with the needs of the patient.

It should be kept at room temperature, protected from light.

Hyoscine Hydrobromide Injection I.P.

1 ml. ampoules.

Each ampoule contains 0.4 mg. per ml., of hyoscine hydrobromide in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Hyoscine Hydrobromide, 0.3 to 0.6 mg., by subcutaneous injection.

It should be protected from light.

Insulin Injections

The strength and quantity of these injections to be stated by the prescriber.

Dosage: The dosage is determined by the prescriber in accordance with the needs of the patient.

They should be kept at as low a temperature as possible above their freezing point. They deteriorate when stored at temperatures approaching 20°.

Insulin Injection I.P.

Consists of a solution of insulin, containing 20, 40 or 80 Units per ml.

Insulin Isophane Injection

Consists of a suspension the solid phase of which consists of crystals of insulin, protamine and zinc. It contains 40 or 80 Units per ml.

Insulin Protamine Zinc Injection

Consists of a suspension of insulin with a suitable protamine and zinc chloride, containing 40 or 80 Units per ml.

Insulin Zinc Suspension Amorphous Injection

Consists of a suspension of insulin with zinc chloride, containing 40 or 80 Units per ml.; the insulin is in a form insoluble in water.

Insulin Zinc Suspension Crystalline Injection

Consists of a suspension of insulin with zinc chloride, containing 40 or 80 Units per ml.; the insulin is in the form of crystals insoluble in water.

Insulin Zinc Suspension Injection

Consists of a mixture of three volumes of Insulin Zinc Suspension Amorphous and seven volumes of Insulin Zinc Suspension Crystalline, and contains 40 or 80 Units per ml.

Iron Dextran Injection

5 ml. ampoules.

Each ampoule contains the equivalent of 50 mg. of iron as ferric hydroxide per ml. in complex with a low molecular weight dextran fraction.

5 ml. ampoules to be dispensed unless otherwise directed.

DOSE: The dose should be determined by the prescriber in accordance with the needs of the patient.

Leptazole Injection I.P.

1 ml. ampoules.

Each ampoule contains 10 per cent w/v of leptazole and 0.25 per cent w/v of sodium phosphate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSE: Leptazole, 0.5 to 1 ml., by subcutaneous injection.

Levarterenol Bitartrate Injection

4 ml. ampoules.

Each ampoule contains 2 mg. per ml., of levarterenol bitartrate in Water for Injection.

4 ml. ampoules to be dispensed unless otherwise directed.

DOSE: Levarterenol Bitartrate, 5 to 25 mcg. per minute, by intravenous infusion according to the blood pressure of the patient.

Liver Crude Injection I.P.

1 ml. ampoules.

Each ampoule contains vitamin B₁₂ activity equivalent to 2 mcg. of cyanocobalamin per ml.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Lignocaine Hydrochloride Injection

Vials: 0.5 per cent, 1 per cent, 2 per cent.

Each vial contains solution of lignocaine hydrochloride in Water for Injection.

The strength and quantity to be dispensed to be stated by the prescriber.

DOSAGE: The dosage should be determined by the prescriber.

Lignocaine and Epinephrine Injection

Each vial contains 2 per cent w/v of lignocaine hydrochloride and the equivalent of 0.00125 per cent w/v of epinephrine.

DOSAGE: The dosage should be determined by the prescriber.

Lobeline Hydrochloride Injection I.P.

1 ml. ampoules.

Each ampoule contains 3 mg. per ml., of lobeline hydrochloride in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Lobeline Hydrochloride, 3 mg., by injection into the umbilical vein, in the new born.

Menadione Sodium Bisulphite Injection I.P.

1 ml. ampoules.

Each ampoule contains 1 mg. per ml., of menadione sodium bisulphite in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Menadione Sodium Bisulphite, 1 to 2 mg. daily, by intravenous injection.

Mepacrine Methanesulphonate Injection

120 mg., 360 mg. ampoules.

The number of ampoules to be dispensed and the quantity of mepacrine methanesulphonate in each should be stated by the prescriber.

The requisite quantity of Water for Injection should also be dispensed along with these ampoules.

Dosage: Mepacrine Methanesulphonate, 100 to 300 mg., by intramuscular injection.

Mephenesin Injection

10 ml. ampoules.

Each ampoule contains 10 per cent w/v of mephenesin in alcohol.

10 ml. ampoules to be dispensed unless otherwise directed.

Dosage: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Mercaptomerin Injection

10 ml. vials.

Each vial contains 1.4 g. of mercaptomerin sodium in powder form.

Vials containing 1.4 g. of mercaptomerin sodium powder to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed with these vials.

Dosage: Mercaptomerin Sodium, 70 to 250 mg., by subcutaneous injection.

Mersalyl Injection I.P.

1 ml. ampoules.

Each ampoule contains 10 per cent w/v of the sodium salt of mersalyl acid and 5 per cent w/v of theophylline in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: 0.5 to 2 ml., by intramuscular injection.

It should be protected from light.

Methacholine Hydrochloride Injection

Each ampoule contains 25 mg. of methacholine chloride.

Ampoules containing 25 mg. of methacholine chloride to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed along with these injections.

Dosage: Methacholine Chloride, 10 to 25 mg., by subcutaneous injection.

Methylamphetamine Injection I.P.

1·5 ml. ampoules

Each ampoule contains 30 mg. per 1·5 ml., of methylamphetamine hydrochloride.

1·5 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Methylamphetamine Hydrochloride, 10 to 30 mg., by intramuscular or intravenous injection.

Methyl Ergometrine Injection

Ampoules: 0·5 ml., 1 ml.

Each ampoule contains 0·2 mg. per ml., of methyl ergometrine.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: A single dose of 0·2 mg. is injected intramuscularly or intravenously at the end of labour.

Morphine Injection I.P.

(D.D.)

1 ml. ampoules.

Each ampoule contains 10 mg. per ml., of morphine sulphate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Morphine Sulphate, 8 to 20 mg., by subcutaneous or intramuscular injection.

It should be protected from light.

Morphine and Atropine Sulphate Injection I.P.

(D.D.)

1 ml. ampoules.

Each ampoule contains 10 mg. of morphine sulphate and 0·6 mg. of atropine sulphate per ml. in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: 0·5 to 1 ml., by subcutaneous or intramuscular injection.

It should be protected from light.

Morphine and Hyoscine Injection

(D.D.)

1 ml. ampoules.

Each ampoule contains 10 mg. of morphine sulphate and 0·4 mg. of hyoscine hydrobromide per ml. in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: 0.5 to 1 ml., by subcutaneous injection.

Mustine Hydrochloride Injection

Vials.

Each vial contains 10 mg. of mustine hydrochloride as dry sterile powder.

Vials containing 10 mg. of the dry sterile powder of mustine hydrochloride to be dispensed unless otherwise directed.

DOSAGE: Mustine Hydrochloride, 0.1 to 0.15 mg. per kg. of body weight, by intravenous injection.

LABELLING: The label must include the words "Caution. This substance is a strong vesicant".

Nalorphine Injection

1 ml. ampoules.

Each ampoule contains 10 mg. per ml. of nalorphine hydrobromide in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Nalorphine Hydrobromide, 5 to 10 mg., by intravenous injection in the treatment of poisoning by morphine and its substitutes.

Neosarsphenamine Injection I. P.

Each ampoule contains dry sterile powder of neosarsphenamine.

The number of ampoules to be dispensed and the quantity in each, to be stated by the prescriber.

The requisite quantity of Water for Injection should also be dispensed along with these ampoules.

DOSAGE: Neosarsphenamine, 0.15 to 0.6 g., by intravenous injection. The solution should be made immediately before use as it decomposes rapidly with increase of toxicity.

Neostigmine Methylsulphate Injection I. P.

1 ml. ampoules.

Each ampoule contains 0.5 mg. per ml. of neostigmine methyl sulphate in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage : Neostigmine Methyl Sulphate, 0.5 to 2 mg., by subcutaneous or intramuscular injection.

It should be protected from light.

Nicotinamide Injection I. P. (Nicotinamide)

1 ml. ampoules.

Each ampoule contains 50 mg. per ml. of nicotinamide in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage : Nicotinamide, 50 to 250 mg. daily.

It should be protected from light.

Nicotinic Acid Injection

2 ml. ampoules.

Each ampoule contains 50 mg. per 2 ml. of nicotinic acid in Water for Injection.

2 ml. ampoules to be dispensed unless otherwise directed.

Dosage : Nicotinic Acid, 50 mg., 3 to 10 times a day.

Nikethamide Injection I. P.

2 ml. ampoules.

Each ampoule contains 25 per cent w/v of nikethamide in Water for Injection.

2 ml. ampoules to be dispensed unless otherwise directed.

Dosage : 1 to 4 ml., by subcutaneous, intramuscular or intravenous Injection.

Oestradiol Monobenzoate Injection I. P.

1 ml. ampoules.

Each ampoule contains 1 mg. per ml. of oestradiol monobenzoate in ethyl oleate or a suitable fixed oil.

1 ml. ampoules to be dispensed unless otherwise directed.
DOSAGE : Oestradiol Monobenzoate, 1 to 5 mg. daily, by intramuscular injection.

Oubain Injection I. P.

1 ml. ampoules.

Each ampoule contains 0.25 mg., per ml., of ouabain.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Oubain, 0.12 to 0.15 mg. by intravenous injection.

Oxytocin Injection I. P.

0.5 ml. ampoules.

Each ampoule contains an aqueous solution of the oxytocic principle of the posterior pituitary. It contains the equivalent of 10 Units per ml.

0.5 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : The dosage should be determined by the prescriber in accordance with the needs of the patient.

Papaveretum Injection

(D. D.)

1 ml. ampoules.

Each ampoule contains 2 per cent w/v of papaveretum in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : 0.5 to 1 ml., by subcutaneous injection.

It should be protected from light.

Papaverine Hydrochloride Injection I. P.

1 ml. ampoules.

Each ampoule contains 30 mg. per ml., of papaverine hydrochloride in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Papaverine Hydrochloride, 30 to 100 mg., by subcutaneous injection.

Paraldehyde Injection

10 ml. ampoules.

Each ampoule contains sterile paraldehyde.

10 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Paraldehyde, 5 to 10 ml., by intramuscular injection.

It should be kept in a cool place, protected from light.

Penicillin Aluminium Monostearate Injection

(**SCHEDULE L**)

10 ml. vials.

Each vial contains a suspension of procaine benzyl penicillin in oil, gelled with 2 per cent aluminium monostearate. Each ml. contains 300,000 Units of penicillin activity.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE : Penicillin Aluminium Monostearate, 300,000 Units one to three times a day, by intramuscular injection.

Pentamidine Injection

Each ampoule contains dry sterile powder of pentamidine isethionate.

The number of ampoules to be dispensed and the quantity of pentamidine isethionate contained in it to be stated by the prescriber.

The requisite quantity of Water for Injection should also be dispensed along with these ampoules.

DOSAGE : Pentamidine Isethionate, 0.15 to 0.3 g., by intramuscular or intravenous injection.

Pentolinium Injection

10 ml. vials.

Each vial contains 1 per cent w/v of pentolinium tartrate in Water for Injection.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE : The dosage should be determined by the prescriber in accordance with the needs of the patient.

Pethidine Hydrochloride Injection I. P.

(D. D.)

2 ml. ampoules.

Each ampoule contains 50 mg. per ml., of pethidine hydrochloride in Water for Injection.

2 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Pethidine Hydrochloride, 25 to 100 mg., by subcutaneous or intramuscular injection, and 25 to 50 mg., by intravenous injection.

Phenobarbitone Sodium Injection

(SCHEDULE H)

10 ml. ampoules.

Each ampoule contains 200 mg. of the dry sterile powder of phenobarbitone sodium.

10 ml. ampoules to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection free from carbon dioxide should also be dispensed along with these ampoules.

DOSAGE : Phenobarbitone Sodium, 60 to 200 mg., by intravenous or intramuscular injection as a single dose.

Pholedrine Injection

1 ml. ampoules.

Each ampoule contains 20 mg. per ml., of pholedrine in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Pholedrine 20 to 30 mg., by intramuscular and 5 to 15 mg., by intravenous injection.

Picrotoxin Injection

1 ml. ampoules.

Each ampoule contains 3 mg. per ml., of picrotoxin in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Picrotoxin, 0.6 to 6 mg., by intravenous or intramuscular injection.

In the treatment of barbiturate poisoning, 5 mg., by intravenous injection, every 10 minutes, until corneal reflexes return.

It should be protected from light.

Pituitary (Posterior Lobe) Injection

0.5 ml. ampoules.

Each ampoule contains a sterile aqueous extract of the posterior lobe of the mammalian pituitary body. It contains 10 Units (oxytocic) per ml.

0.5 ml. ampoules to be dispensed unless otherwise directed.

Dosage : 0.2 to 0.5 ml. equivalent to 2 to 5 Units, by subcutaneous or intramuscular injection.

It should be kept at as low a temperature as possible above its freezing point.

Polymyxin B Sulphate Injection

Each vial contains 500,000 Units of dry, sterile powder of polymyxin sulphate.

Vials containing 500,000 Units to be dispensed unless otherwise directed.

Dosage : Polymyxin B Sulphate : 750,000 to 1,000,000 Units.

Potassium Chloride Injection

10 ml. ampoules.

Each ampoule contains 1.0 g. per 10 ml. of potassium chloride in Water for Injection.

10 ml. ampoules to be dispensed unless otherwise directed.

Dosage : The dosage should be determined by the physician in accordance with the needs of the patient.

Procaine Benzyl Penicillin Injection, Fortified

(Sched. F. L.)

Vials

Each vial contains 200,000 Units of procaine benzyl penicillin and 100,000 Units of sodium or potassium salt of benzyl penicillin.

Vials containing 300,000 Units of procaine benzyl penicillin and 100,000 Units of sodium or potassium salt of benzyl penicillin to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed along with these vials.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Procaine Hydrochloride and Epinephrine Injection I. P.

1 ml. ampoules.

Each ampoule contains 2 per cent of procaine hydrochloride and 0.002 per cent of epinephrine hydrochloride in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Subcutaneous, 1 ml.

Intraspinal,
up to 7 ml.

It should be protected from light.

Procaïnamide Hydrochloride Injection

10 ml. vials.

Each vial contains 100 mg. per ml., of procaïnamide hydrochloride with 0.9 per cent w/v of benzyl alcohol and 0.1 per cent w/v of sodium metabisulphite, in Water for Injection.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE: 250 mg. to 1 g., by intravenous injection.

Progesterone Injection I. P.

1 ml. ampoules.

Each ampoule contains 10 mg. per ml., of progesterone in ethyl oleate or a suitable fixed oil.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: Progesterone, 5 to 20 mg. daily, by intramuscular injection.

Protamine Sulphate Injection

5 ml. ampoules.

Each ampoule contains 10 mg. per ml., of protamine sulphate in Injection of Sodium Chloride.

5 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Pyridoxine Injection

2 ml. ampoules

Each ampoule contains 25 mg. per ml., of pyridoxine hydrochloride in Water for Injection.

2 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: 20 to 200 mg., by intravenous injection.

Quinine Dihydrochloride Injection I. P.

1 ml. ampoules.

Each ampoule contains 300 mg. per ml., of quinine dihydrochloride in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

This solution must be diluted before use with at least 10 times its volume of Injection of Sodium Chloride.

DOSAGE: Quinine Dihydrochloride, 0.3 to 0.6 g., by slow intravenous injection.

Quinidine Sulphate Injection

1 ml. ampoules.

Each ampoule contains 20 per cent solution of quinidine sulphate in a suitable solvent.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE: 1 to 3 ml., by intramuscular injection.

Quinine and Urethane Injection I. P.

1 ml. ampoules.

Each ampoule contains 12.5 per cent w/v of quinine hydrochloride and 6.25 per cent w/v of urethane in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: 0.5 to 5 ml., by intravenous injection as a sole-acting agent.

If solid particles separate out they should be redissolved by warming and the syringe used should be previously warmed.

Reserpine Injection

1 ml. ampoules.

Each ampoule contains 1 mg. per ml. of reserpine.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Reserpine, 0.5 to 2 mg. daily, for hypertension.

Riboflavin Injection I.P.

1 ml. ampoules.

Each ampoule contains 10 mg. per ml. of riboflavin.

1 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Riboflavin 2 to 20 mg. daily, by subcutaneous injection.

Saccharated Iron Oxide Injection

5 ml. ampoules.

Each ampoule contains the equivalent of 50 mg. of iron per ml.

5 ml. ampoules to be dispensed unless otherwise directed.

Dosage: 5 to 10 mg. of iron, by intravenous injection.

Sodium Ascorbate Injection I. P.

2 ml. ampoules.

Each ampoule contains 0.5 g. per ml. of sodium ascorbate in Water for Injection.

2 ml. ampoules to be dispensed unless otherwise directed.

Dosage: Sodium Ascorbate, 0.5 to 1 g., by intravenous injection.

Sodium Bicarbonate Injection I.P.

Ampoules containing 5 per cent w/v of sodium bicarbonate in Water for Injection to be dispensed.

Dosage: The dosage should be determined by the physician in accordance with the needs of the patient.

Sodium Chloride Injection I. P.

Amponles each containing 0.9 per cent w/v of sodium chloride in Water for Injection to be dispensed.

Dosage : The dosage should be determined by the prescriber in accordance with the needs of the patient.

If the injection on keeping shows presence of solid particles, it should be rejected.

Sodium Chloride Compound Injection I. P.

Synonym : *Binger's Solution for Injection.*

Amponles each containing 0.85 per cent w/v of sodium chloride, with potassium chloride and hydrated calcium chloride in Water for Injection, to be dispensed.

Dosage : The dosage should be determined by the physician in accordance with the needs of the patient.

If the injection on keeping shows the presence of solid particles, it should be rejected.

Sodium Citrate Injection I. P.

Amponles each containing 0.9 per cent of sodium chloride and 2.5 per cent of sodium citrate in Water for Injection to be dispensed.

Dosage : The dosage should be determined by the prescriber in accordance with the needs of the patient.

Solapsone Injection

5 ml. amponles.

Each amponle contains 50 per cent w/v of solapsone and 0.14 per cent w/v of exsiccated sodium carbonate in Water for Injection.

5 ml. amponles to be dispensed unless otherwise directed.

Dosage : 2 to 5 ml., by subcutaneous or intramuscular injection.

Streptomycin Sulphate Injection

(Spectrum 1)

Each vial contains the equivalent of 1 g. of the base.

Vial containing the equivalent of 1 g. of the base to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed along with these vials.

DOSAGE : Streptomycin Sulphate, 0.5 to 1 g., by intramuscular injection.

Succinyl Choline Chloride Injection

10 ml. vials.

Each vial contains 20 mg. per ml., of succinyl choline chloride.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE : Succinyl Choline Chloride, 10 to 40 mg.

Sulphadiazine Sodium Injection

(SCHEDULE H)

4 ml. ampoules.

Each ampoule contains the equivalent of 1 g. of sulphadiazine.

The number of ampoules to be dispensed to be determined by the prescriber.

DOSAGE : Sulphadiazine Sodium 1 to 2 g., by intravenous injection.

Sulphadimidine Sodium Injection I.P.

(SCHEDULE H)

5 ml. ampoules.

Each ampoule contains 20 per cent of sulphadimidine sodium in Water for Injection.

5 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Sulphadimidine Sodium 1 to 2 g., by intravenous injection.

Sulphobromophthalein Sodium Injection I. P.

Each ampoule contains 150 mg. per 3 ml., of sulphobromophthalein sodium in Water for Injection.

3 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : 5 mg. of Sulphobromophthalein per kg. of body weight, by intravenous injection.

Testosterone Propionate Injection I. P.

1 ml. ampoules.

Each ampoule contains 10 mg. per ml., of testosterone propionate in ethyl oleate or a suitable fixed oil.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Testosterone Propionate, 5 to 25 mg. daily, by intramuscular injection.

Tetraethylammonium Chloride Injection

10 ml. vials.

Each vial contains 100 mg. per ml., of tetraethylammonium chloride.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE : The dosage should be determined by the prescriber in accordance with the needs of the patient.

Thiamine Hydrochloride Injection I. P.

1 ml. ampoules.

Each ampoule contains 25 mg. per ml., of thiamine hydrochloride in Water for Injection.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : Thiamine Hydrochloride, 20 to 50 mg., by intramuscular or subcutaneous injection.

Thiopentone Sodium Injection I. P.

(SCHEDULE H)

Each ampoule contains 0.5 g. of the dry sterile powder of thiopentone sodium.

Ampoules containing 0.5 g. of the dry sterile powder of thiopentone sodium to be dispensed unless otherwise directed.

The requisite quantity of Water for Injection should also be dispensed.

DOSAGE : Thiopentone Sodium, 0.1 to 0.3 g., by intravenous injection.

Tolazoline Hydrochloride Injection

10 ml. vials.

Each vial contains 25 mg. per ml., of tolazoline hydrochloride.

10 ml. vials to be dispensed unless otherwise directed.

Dosage : Tolazoline Hydrochloride, 50 mg. 4 times a day.

Tryparsamide Chloride Injection I. P.

Each ampoule contains 2 g. of the dry sterile powder of tryparsamide.

Ampoules containing 2 g. of the dry sterile powder of tryparsamide to be dispensed unless otherwise directed.

Dosage : Tryparsamide, 1 to 2 g., by subcutaneous, intramuscular, or intravenous injection.

Tubocurarine Chloride Injection

Vials : 10 ml., 20 ml.

Each vial contains 3 mg. per ml., of tubocurarine chloride in Water for Injection.

10 ml. vials to be dispensed unless otherwise directed.

Dosage : Tubocurarine Chloride 6 to 9 mg., by intravenous injection followed in 5 minutes by 3 to 5 mg., if necessary.

Urea Stibamine Injection I. P.

Ampoules : 0.05 g., 0.10 g., 0.15 g., 0.20 g.

Ampoules containing dry sterile powder to be dispensed with Water for Injection.

The quantity to be dispensed should be stated by the prescriber.

Dosage : 50 to 200 mg., by intravenous injection.

Vasopressin Injection I. P.

Ampoules : 0.5 ml., 1 ml.

Each ampoule contains 20 pressor Units per ml.

1 ml. ampoules to be dispensed unless otherwise directed.

DOSAGE : 1 ml., by intramuscular injection. It should be stored at as low a temperature as possible above its freezing point.

Viomycin Sulphate Injection

(SCHEDULE L)

Vials.

Vials containing viomycin sulphate equivalent to 1 g. of the base to be dispensed unless otherwise directed.

DOSAGE : The dosage should be determined by the prescriber in accordance with the needs of the patient.

Vitamin B Complex Injection

10 ml. vials.

Each vial contains 15 mg. of thiamine hydrochloride, 2 mg. of riboflavin, 1000 mg. of niacin, 5 mg. of panthenol, 5 mg. of pyridoxine hydrochloride and 10 mcg. of cyanocobalamin, per ml.

10 ml. vials to be dispensed unless otherwise directed.

DOSAGE : The dosage should be determined by the prescriber in accordance with the needs of the patient.

TRANSFUSIONS

Dextran Transfusion

500 ml. bottles.

Each bottle contains 6 per cent of dextran in Injection of Sodium Chloride.

500 ml. bottles to be dispensed unless otherwise directed.

DOSAGE : The dosage should be determined by the prescriber in accordance with the needs of the patient.

Dextrose In Normal Saline Transfusion

500 ml. bottles.

Each bottle contains 25 per cent w/v dextrose in Injection of Sodium Chloride.

500 ml. bottles to be dispensed unless otherwise directed.

DOSAGE : The dosage should be determined by the prescriber in accordance with the needs of the patient.

Human Plasma Dried Transfusion

Bottle containing dried human plasma to be dispensed.

The requisite quantity of Dextrose in Normal Saline Injection should also be dispensed along with the bottles.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Invert Sugar Transfusion

500 ml. bottles.

Each bottle contains 10 per cent w/v of invert sugar in Injection of Sodium Chloride.

500 ml. bottles to be dispensed unless otherwise directed.

DOSAGE: The dosage should be determined by the prescriber in accordance with the needs of the patient.

Polyvinyl Pyrrolidone Transfusion

It consists of:

Polyvinyl Pyrrolidone	4.0	g.
Sodium Chloride	0.7	g.
Potassium Chloride	0.042	g.
Calcium Chloride Crystalline	0.05	g.
Magnesium Chloride Crystalline	0.0005	g.
Sodium Bicarbonate	0.025	g.
Water for Injection	to 100	ml.

Bottles each containing 7500 Fml. of sterile solution to be dispensed unless otherwise directed.

Sodium Lactate Transfusion

Bottles containing a sterile one-sixth molar solution of sodium lactate to be dispensed unless otherwise directed.

DOSAGE: 500 ml., by intravenous injection.

Sodium Sulphate Transfusion

500 ml. bottles.

Each bottle contains 4.3 per cent solution of sodium sulphate.

500 ml. bottles to be dispensed unless otherwise directed.

DOSAGE: 500 ml., by intravenous injection.

Protein Hydrolysate Transfusion L.P.

500 ml. bottles.

Each bottle contains the product of hydrolysis of protein.

Dosage: Protein Hydrolysate, 200 to 400 ml. by intravenous injection at the rate of 1 ml. per minute.

Whole Blood Transfusion

Bottles containing 420 ml. of blood with 120 ml. of anti-coagulant solution (1.7 to 2 per cent sodium acid citrate and 2.5 per cent dextrose in Water for Injection) to be dispensed unless otherwise directed.

Dosage: The dosage should be determined by the prescriber in accordance with the needs of the patient.

LINCTUSES

50 ml. to be dispensed unless otherwise directed.

For *D.D.* preparations the details specified in the regulations must be given by the prescriber.

Dosage: 4 ml., undiluted.

Codeine Linctus

Syrup of Codeine Phosphate	37.5 ml.
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Syrup of Tolu	2.0 ml.
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Syrup of Vasaka	to 50 ml.
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4 ml. contains approximately 12 mg. of codeine phosphate

Ipecacuanha and Urginea Linctus for Infants

See page 205, Chapter IV

Opiate Linctus of Urginea for Infants

See page 205, Chapter IV

Pholcodine Linctus

Pholcodine	50 mg.
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Citric Acid	0.5 g.
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Spirit of Chloroform	3.0 ml.
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Solution of Amaranth	0.1 ml.
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Compound Solution of Tartrazine	1.0 ml.
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Syrup	to 50 ml.
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4 ml. contains approximately 4 mg. of pholcodine citrate.

Simple Linctus for Infants

See page 205, Chapter IV

Tolu Compound Linctus for Infants

See page 205, Chapter IV

Urginea Opiate Linctus

Synonym: Compound Linctus of Urginea.

Camphorated Tincture of Opium .. 17 ml.

Oxymel of Urginea .. 17 ml.

Syrup of Tolu .. 17 ml.

4 ml. contains approximately 0.6 mg. of anhydrous morphine.

LINIMENTS

50 ml. to be dispensed unless otherwise directed.

Aconite, Belladonna and Chloroform Liniment

Synonym: A.B.C. Liniment

Aconite Liniment .. 17 ml.

Belladonna Liniment .. 17 ml.

Camphor Liniment .. 8 ml.

Chloroform .. 8 ml.

Ammoniated Camphor Liniment I. P.

Camphor .. 6.25 g.

Eucalyptus Oil .. 0.25 ml.

Strong Solution of Ammonia .. 12.5 ml.

Alcohol (90 per cent) .. to 50 ml.

It should be kept in a well-closed, preferably glass-stoppered bottle.

Alcohol (90 per cent) may be replaced by an equivalent quantity of industrial alcohol.

Camphor Liniment I. P.

Synonym: Camphorated Oil.

Camphor .. 10 g.

Arachis Oil .. 40 g.

It should be kept in a well-closed container and stored in a cool place.

Methyl Salicylate Liniment

Methyl Salicylate	13 ml.
Arachis Oil	to 50 ml.

Turpentine Liniment I, P.

Soft Soap	4.5 g.
Camphor	2.5 g.
Turpentine Oil (freshly rectified)	33.0 ml.
Distilled Water	to 50 ml.

LOTIONS**(a) Lotions (General)****(b) Lotions (Eye)****(a) Lotions (General)**

100 ml. to be dispensed unless otherwise directed.

Labelling: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions the directions for use, if any, given below the preparations should be stated.

Aluminium Acetate Lotion

Solution of Aluminium Acetate	5 ml.
Distilled Water	to 100 ml.

It must be freshly prepared.

Directions for use: To be used undiluted.

Calamine Lotion

Prepared Calamine	15.0 g.
Zinc Oxide	5.0 g.
Bentonite	3.0 g.
Sodium Citrate	0.5 g.
Liquefied Phenol	0.5 ml.
Glycerin	5.0 ml.
Distilled Water	to 100 ml.

Calamine Oily Lotion*Synonym* : Calamine Liniment.

Calamine	5.0	g.
Wool Fat	1.0	g.
Oleic Acid	0.5	ml.
Arachis Oil	50	ml.
Solution of Calcium Hydroxide				to 100	ml.

Cetrimide Lotion

Cetrimide	1	g.
Distilled Water	to 100	ml.

Chloroxyleneol Lotion

Chloroxyleneol	2.5	g.
Terpineol	5.0	ml.
Alcohol (95 per cent) or Industrial Alcohol				10.0	ml.
Ricinoleic Acid	2.5	g.
Solution of Potassium Hydroxide	..			A sufficient	quantity
Distilled Water	to 50	ml.

50 ml. to be dispensed unless otherwise directed.

Directions for use : The prescriber should give directions for use according to the purpose for which it is intended.

Coal Tar Lotion

Prepared Coal Tar	10	g.
Quillaia	5	g.
Alcohol (90 per cent)	to 50	ml.

50 ml. to be dispensed unless otherwise directed.

Alcohol (90 per cent) may be replaced by industrial alcohol diluted so as to be of equivalent alcoholic strength.

Cresol with Soap Lotion I. P.*Synonym* : Lysol.

Cresol	25.0	ml.
Linseed Oil	9.0	g.
Potassium Hydroxide	2.1	g.
Distilled Water	to 50	ml.

50 ml. to be dispensed unless otherwise directed.

Evaporating Lotion

Industrial Alcohol	12.5 ml.
Ammonium Chloride	3.5 g.
Water	to 100 ml.

Iodine, Strong Lotion I. P.

Synonym : Strong Solution of Iodine; Strong Tincture of Iodine.

Iodine	2.5 g.
Sodium Iodide	1.5 g.
Distilled Water	2.5 ml.
Alcohol (90 per cent)	to 50 ml.

25 ml. to be dispensed unless otherwise directed.

It should be kept and dispensed in well closed, glass-stoppered bottles.

Lead Lotion

Strong Solution of Lead Subacetate	2 ml.
Distilled Water, freshly boiled and cooled	to 100 ml.

Directions for use : To be used undiluted.

Lead Compound Lotion

Strong Solution of Lead Subacetate	2.0 ml.
Zinc Oxide	2.8 g.
Starch	2.8 g.
Glycerin	1.25 ml.
Water, cold	to 100 ml.

Directions for use : To be used undiluted.

Mercuric Chloride Lotion I. P.

Mercuric Chloride	25 mg.
Distilled Water	to 25 ml.

25 ml. to be dispensed unless otherwise directed.

Phenol Lotion

Synonym : Carbolic Acid Lotion.

Liquefied Phenol	2.6 ml.
Solution of Amaranth	0.1 ml.
Water	to 100 ml.

Directions for use : To be diluted with an equal quantity of warm water before use.

Salicylic Acid and Mercuric Chloride Lotion

Mercuric Chloride	0.1 g.
Salicylic Acid	2.3 g.
Castor Oil	1.0 ml.
Acetone	12.5 ml.
Industrial Alcohol	to 100 ml.

Sulphurated Potash and Zinc Lotion

Synonym : Zinc Sulphide Lotion; Sulphurated Potash Lotion.

Sulphurated Potash	4.6 g.
Zinc Sulphate	4.6 g.
Camphor Water	to 100 ml.

It must be freshly prepared.

Zinc Sulphate Lotion

Synonym : Red Lotion.

Zinc Sulphate	1.0 g.
Solution of Amaranth	1.0 ml.
Water	to 100 ml.

EYE LOTIONS

200 ml. to be dispensed unless otherwise, directed.

Labelling: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions, and unless given otherwise below the preparations, state—To be diluted with an equal quantity of warm water.

Eye Lotions must be freshly prepared.

Borax Compound Eye-Lotion

Borax	3.2 g.
Sodium Bicarbonate	3.2 g.
Distilled Water, freshly boiled and cooled to	200 ml.

Boric Acid Eye-Lotion

Boric Acid	3.8 g.
Distilled Water, freshly boiled and cooled to	200 ml.

Mercuric Oxycyanide Eye-Lotion

Mercuric Oxycyanide	60	mg.
Potassium Nitrate	6.4	g.
Distilled Water, freshly boiled and cooled to 200	ml.	
250 ml. to be dispensed unless otherwise directed.		

Sodium Bicarbonate Eye-Lotion

Sodium Bicarbonate	6.8	g.
Distilled Water, freshly boiled and cooled to 200	ml.	

Directions for use : To be used undiluted.

Sodium Chloride Eye-Lotion

Sodium Chloride	3.6	g.
Distilled Water, freshly boiled and cooled to 200	ml.	

Zinc Sulphate Compound Eye-Lotion

Zinc Sulphate	0.6	g.
Boric Acid	4.6	g.
Distilled Water, freshly boiled and cooled to 200	ml.	

LOZENGES**Benzalkonium Chloride Lozenges**

Solution of Benzalkonium Chloride ..	0.001	ml.
Menthol	0.56	mg.
Thymol	0.65	mg.
Eucalyptus Oil	0.00235	ml.

Prepared by compression.

24 lozenges to be dispensed unless otherwise directed.

Benzocaine Compound Lozenges

Benzocaine	100	mg.
Menthol	2	mg.
Borax	50	mg.
Sucrose	500	mg.

24 lozenges to be dispensed unless otherwise directed.

Liquorice Lozenges

Synonym: Brompton Cough Lozenges

Extract of Liquorice	200	mg.
Anise Oil	0.3	ml.

24 lozenges to be dispensed unless otherwise directed.

Neomycin, Bacitracin and Benzocaine Lozenges

Each lozenge contains 5 mg. of neomycin base as sulphate, 300 Units of bacitracin and 5 mg. of benzocaine.

The number of lozenges to be dispensed to be stated by the prescriber.

MIXTURES

90 ml. equivalent to 6 doses to be dispensed unless otherwise directed.

LABELLING: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions, the directions for use given below the preparation should be stated; where no dose is given below the preparation state—One tablespoonful to be taken three times a day in water, unless otherwise directed.

Acetyl Salicylic Acid Mixture for Infants

See page 206, Chapter IV

Alkali and Hyoscyamus Mixture

Potassium Citrate	..	--	..	1.5	g.
Citric Acid	0.27	g.
Tincture of Hyoscyamus	1.0	ml.
Syrup of Ginger	6.0	ml.
Chloroform Water	to 15	ml.

LABELLING: To be taken well diluted with water.

This should be freshly prepared.

Aluminium Hydroxide Mixture

Synonym: Aluminium Hydroxide Gel I.P.;

DOSE: One teaspoonful, suitably diluted, every four hours.

Ammonium Bicarbonate and Chinensis Mixture

Synonyms: Ammonia and Chinensis Mixture; Ammonia and Indian Senega Mixture.

Ammonium Bicarbonate	0.2 g.
Camphorated Tincture of Opium	1.0 ml.
Liquid Extract of Chinensis	0.6 ml.
Water	to 15 ml.

15 ml. contains approximately 0.4 mg. of anhydrous morphine.

Ammonium Bicarbonate and Ipecacuanha Mixture

Synonyms: Ammonia and Ipecacuanha Mixture; Expecto-rant Mixture.

Ammonium Bicarbonate	0.2 g.
Tincture of Ipecacuanha	0.6 ml.
Liquid Extract of Liquorice	0.6 ml.
Anise Water	4.0 ml.
Camphor Water	8.0 ml.
Chloroform Water	to 15 ml.

Ammonium Chloride Mixture

Ammonium Chloride	1.0 g.
Aromatic Solution of Ammonia	0.6 ml.
Liquid Extract of Liquorice	1.0 ml.
Water	to 15 ml.

Belladonna and Alkali Mixture

Synonym: Alkali and Belladonna Mixture.

Sodium Bicarbonate	1.0 g.
Kaolin	0.6 mg.
Tincture of Belladonna	0.5 ml.
Chloroform Water	to 15 ml.

Belladonna and Ephedrine Mixture for Infants

See page 206, Chapter IV

Belladonna and Ipecacuanha Mixture for Infants

See page 207, Chapter IV

Belladonna Mixture for Infants

See page 207, Chapter IV

Bismuth Mixture for Infants

See page 207, Chapter IV

Bismuth and Morphine Mixture

Bismuth Carbonate	0.6 g.
Sodium Bicarbonate	0.3 g.
Solution of Morphine Hydrochloride	0.3 ml.
Mucilage of Acacia	2.0 ml.
Syrup	2.0 ml.
Peppermint Water	to 15 ml.

Calcium Carbonate Mixture for Infants

See page 207 Chapter IV

Camphorated Opium Compound Mixture*Synonym* : Camphor Compound Mixture.

Ammonium Bicarbonate	0.12 g.
Camphorated Tincture of Opium	1.0 ml.
Strong Solution of Ammonium Acetate	1.2 ml.
Water	to 15 ml.

15 ml. contains approximately 0.5 mg. of anhydrous morphine.

Chalk and Opium Mixture

Aromatic Powder of Chalk	1.3 g.
Tragacanth	30 mg.
Tincture of Opium	0.6 ml.
Tincture of Catechu	0.6 ml.
Compound Tincture of Cardamom	0.6 ml.
Aromatic Solution of Ammonia	0.6 ml.
Chloroform Water	to 15 ml.

15 ml. contains approximately 6 mg. of anhydrous morphine.

Chloral Hydrate Mixture

Chloral Hydrate	1.3 g.
Syrup of Orange	2 ml.
Water	to 15 ml.

DOSAGE: One tablespoonful at bedtime, diluted with half a tumblerful (150 ml.) of water, or as directed.

Chloral and Potassium Bromide Mixture for Infants

See page 207, Chapter IV

Codeine Mixture for Infants

See page 208, Chapter IV

Essential Oils Mixture

Spirit of Ether	2.0 ml.
Oil of Clove	0.3 ml.
Oil of Gajuput	0.3 ml.
Oil of Anethi	0.3 ml.
Aromatic Sulphuric Acid	1 ml.

DOSAGE: 2 ml. in 15 ml. of water every quarter of an hour.
Total dose 30 to 60 ml.

Ferrous Sulphate Mixture for Infants

See page 208, Chapter IV

Ipecacuanha and Alkali Mixture

Sodium Bicarbonate	0.6 g.
Ammonium Bicarbonate	0.18 g.
Tincture of Ipecacuanha	1.3 ml.
Chloroform Water	to 15 ml.

Ipecacuanha and Ammonia Mixture for Infants

See page 208, Chapter IV

Ipecacuanha Mixture for Infants

See page 208, Chapter IV

Iron and Arsenic Mixture

Arsenical Solution	0.18 ml.
Iron and Ammonium Citrate	2.0 g.
Chloroform Water	to 15 ml.

Kalmegh and Rhubarb Mixture

Ammonium Chloride	==	0.6 g.
Dilute Nitro-hydrochloric acid	0.6 ml.
Liquid Extract of Kalmegh	1.0 ml.
Compound Tincture of Rhubarb	2.0 ml.
Syrup of Ginger	4.0 ml.
Cinnamon Waterto	15 ml.

Kaolin Mixture

Synonym: Alkaline Kaolin Mixture.

Light Kaolin	2.0 g.
Light Magnesium Carbonate	0.6 g.
Sodium Bicarbonate	0.6 g.
Peppermint Waterto	15 ml.

Kaolin Mixture for Infants

See page 209, Chapter IV

Kaolin and Morphine Mixture

Synonym: Sedative Kaolin Mixture.

Light Kaolin	2.0 g.
Sodium Bicarbonate	0.6 g.
Tincture of Chloroform and Morphine	0.6 ml.
Waterto	15 ml.

15 ml. contains approximately 1 mg. of anhydrous morphine.

Kurchi Compound Mixture

Synonym: Compound Mixture of Kurchi.

Liquid Extract of Kurchi	3 ml.
Liquid Extract of Bael	2 ml.
Syrup of Orange	2 ml.
Waterto	15 ml.

Lobelia and Stramonium Compound Mixture

Potassium Iodide	0.2 g.
Ethereal Tincture of Lobelia	0.6 ml.

Tincture of Stramonium	1.3 ml.
Mucilage of Tragacanth	2.0 ml.
Chloroform Water	to 15 ml.

Magnesium Carbonate Aromatic Mixture

Light Magnesium Carbonate	300 mg.
Sodium Bicarbonate	600 mg.
Aromatic Tincture of Cardamom	0.3 ml.
Water	to 15 ml.

Magnesia Milk, Mixture I. P.

Synonym : Milk of Magnesia.

It is an aqueous suspension of magnesium hydroxide containing about 7.5 per cent of $Mg(OH)_2$.

Dosage: For Adults, As an antacid, 1 to 4 ml.

As a laxative, 8 to 16 ml.

For an infant of 1 year, 2 ml.

Magnesium Sulphate Mixture

Synonym : White Mixture of Magnesium Sulphate.

Magnesium Sulphate	4.0 g.
Light Magnesium Carbonate	0.6 g.
Fennel Water	to 15 ml.

Male Fern Extract Mixture

Synonym : Male Fern Draught.

Extract of Male Fern	4.0 g.
Acacia	4.0 g.
Water	to 45 ml.

It must be freshly prepared.

Dosage: 45 ml., once in a day as a single draught.

Nux Vomica and Acid Mixture

Tincture of Nux Vomica	0.6 ml.
Dilute Hydrochloric Acid	0.6 ml.
Chloroform Water	to 15 ml.

Nux Vomica and Alkali Mixture

Tincture of Nux Vomica	0.6 ml.
Sodium Bicarbonate	0.6 g.
Chloroform Water	to 15 ml.

Papain Mixture I. P.*Synonym* : Glycerin of Papain.

Papain	1.6 g.
Dilute Hydrochloric Acid	1.2 ml.
Tincture of Orange	0.06 ml.
Syrup	0.3 ml.
Glycerin	to 15 ml.

Dosage: 2 to 4 ml.**Paraldehyde Mixture***Synonym* : Paraldehyde Draught.

Paraldehyde	4 ml.
Syrup	8 ml.
Liquid Extract of Liquorice	3 ml.
Water	to 45 ml.

It must be freshly prepared.

Dosage: 45 ml, once in a day as a single draught.**Pierorhiza and Acid Mixture**

Dilute Hydrochloric Acid	6 ml.
Concentrated Compound Infusion of			
Pierorhiza	2 ml.
Chloroform Water	to 15 ml.

When Mist. Pic. Acid o. Nuc. Vom. is prescribed, Mist.

Pierorhiza Acid containing Tinct. of Nux Vomica, 0.6 ml. in each 15 ml. shall be dispensed.

Pierorhiza and Alkali Mixture

Sodium Bicarbonate	6.9 g.
Concentrated Compound Infusion of			
Pierorhiza	2.0 ml.
Chloroform Water	to 15 ml.

When *Mist. Pic. Alk. c. Nuc Vom.* is prescribed, *Mist. Pic. Alk.* containing *Tinct. of Nux Vomica*, 0·6 ml. in each 15 ml. shall be dispensed.

Piperazine Citrate Mixture for Infants

See page 203, Chapter IV

Potassium Bromide Mixture

Potassium Bromide	0·6 g.
Ammonium Bicarbonate	60 mg.
Liquid Extract of Liquorice	0·6 ml.
Chloroform Water	to 15 ml.

Potassium Bromide Mixture for Infants

See page 209, Chapter IV

Potassium Bromide and Belladonna Mixture for Infants

See page 209, Chapter IV

Potassium Bromide and Chloral Mixture

Potassium Bromide	0·6 g.
Chloral Hydrate	0·3 g.
Dill Water	to 15 ml.

Potassium Bromide and Valerian Mixture

Potassium Bromide	0·6 g.
Ammonium Bicarbonate	0·15 g.
Concentrated Infusion of Valerian	2·0 ml.
Chloroform Water	to 15 ml.

Potassium Citrate Mixture

Potassium Citrate	3·0 g.
Citric Acid	0·6 g.
Syrup of Ginger	4·0 ml.
Tincture of Quillaia	0·07 ml.
Chloroform Water	to 15 ml.

Potassium Citrate Mixture for Infants

See page 210, Chapter IV

Potassium Citrate and Belladonna Mixture for Infants

See page 210, Chapter IV

It should be freshly prepared.

The dose prescribed should be sufficient to render and maintain the urine alkaline.

LABELLING: To be taken well diluted with water.

Potassium Iodide Mixture

Potassium Iodide	0.5 g.
Sodium Bicarbonate	0.3 g.
Aromatic Spirit of Ammonia	0.6 ml.
Compound Tincture of Picrorhiza	0.5 ml.
Water	to 15 ml.

Quinine with Iron and Arsenic Mixture

Synonym: Iron and Quinine Mixture.

Quinine Sulphate	0.15 g.
Dilute Sulphuric Acid	0.3 ml.
Ferrous Sulphate	60 mg.
Magnesium Sulphate	1.8 g.
Arsenical Solution	0.1 ml.
Simple Syrup	2.0 ml.
Peppermint Water	to 15 ml.

Quinine Mixture, Effervescent

Synonym: Effervescent Quinine Mixture.

Mixture A

Quinine Sulphate	0.6 g.
Citric Acid	2.0 g.
Water	to 15 ml.

Mixture B

Sodium Citrate	4 g.
Sodium Bicarbonate	2 g.
Peppermint Water	to 30 ml.

Dosage: 15 ml. of Mixture A to be mixed with 30 ml. of Mixture B and taken immediately while effervescing.

Rhubarb Compound Mixture

Compound Tincture of Rhubarb	..	1 ml.
Light Magnesium Carbonate	..	0.6 g.
Sodium Bicarbonate	..	0.6 g.
Strong Tincture of Ginger	..	0.3 ml.
Chloroform Water	..	to 15 ml.

Rhubarb Mixture for Infants

See page 210, Chapter IV

Senna Compound Mixture I.P.

Synonym : Compound Mixture of Senna; Black Draught.

Magnesium Sulphate	..	11.25 g.
Liquid Extract of Liquorice	..	2.25 ml.
Compound Tincture of Cardamom	..	4.5 ml.
Aromatic Spirit of Ammonia	..	2.25 ml.
Infusion of Senna	..	to 45 ml.

Dosage: 45 ml., once in a day.

Sodium Bicarbonate Compound Mixture

Synonym : Carminative Mixture.

Sodium Bicarbonate	..	0.3 g.
Spirit of Chloroform	..	0.6 ml.
Compound Tincture of Cardamom	..	4.0 ml.
Aromatic Spirit of Ammonia	..	1.0 ml.
Syrup of Ginger	..	2.0 ml.
Fennel Water	..	to 15 ml.

Sodium Bicarbonate Mixture for Infants

See page 210, Chapter IV

Sodium Citrate Mixture

Sodium Citrate	..	3.0 g.
Citric Acid	..	0.6 g.
Syrup of Ginger	..	4.0 ml.
Tincture of Quillaia	..	0.07 ml.
Peppermint Water	..	to 15 ml.

It should be freshly prepared.

The dose prescribed should be sufficient to render and maintain the urine alkaline.

LABELLING: To be taken well diluted with water.

Sodium Salicylate Mixture

Sodium Salicylate	0.6 g.
Sodium Bicarbonate	0.5 g.
Sodium Metabisulphite	15 mg.
Concentrated Infusion of Orange	1.0 ml.
Chloroform Water	to 15 ml.

Tetrachloroethylene Mixture

Tetrachloroethylene	6.0 ml.
Acacia	2.0 g.
Emulsion of Peppermint	0.3 ml.
Chloroform Water	to 45 ml.

DOSE: As an anthelmintic, 30 to 45 ml., once in a day as a single draught.

MOUTH-WASHES

200 ml. to be dispensed unless otherwise directed.

Labelling: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions, the directions for use given below the preparation should be stated.

Phenol and Alkali Mouth-Wash

Liquefied Phenol	3 ml.
Solution of Potassium Hydroxide	3 ml.
Solution of Amaranth..	1 ml.
Water	to 100 ml.

Directions for use: One tablespoonful to be used in half a tumblerful (150 ml.) of warm water.

Potassium Chlorate and Phenol Mouth-Wash

Synonym : Potassium Chlorate and Phenol Gargle.

Potassium Chlorate	3.5	g.
Liquefied Phenol	1.5	ml.
Solution of Trypan Blue	1.0	ml.
Water	to 100	ml.

Direction for use: One tablespoonful to be diluted with half a tumblerful (150 ml.) of warm water.

The diluted mouth-wash contains about 0.15 per cent. w/v of phenol.

Thymol Compound Mouth-Wash

Synonym : Compound Glycerin of Thymol.

Sodium Bicarbonate	1.0	g.
Borax	2.0	g.
Sodium Benzoate	0.8	g.
Sodium Salicylate	=	t	..	0.5	g.
Menthol	=	=	=	30.0	mg.
Thymol	=	=	=	50.0	mg.
Eucalyptol	0.13	ml.
Pine Oil	..	=	..	0.05	ml.
Methyl Salicylate	=	=	..	0.03	ml.
Alcohol (90 per cent.)	=	=	..	2.5	ml.
Glycerin	=	10.0	ml.
Solution of Amaranth	=	=	..	1.0	ml.
Water	..	=	=	to 100	ml.

Direction for use : One part to be diluted with three parts of warm water.

NASAL WASH

200 ml. to be dispensed unless otherwise directed.

Labelling: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions, the directions for use given below the preparation should be stated.

Alkaline Nasal Wash

Borax	1.4	g.
Sodium Bicarbonate	1.4	g.
Liquefied Phenol	0.5	ml.
Sucrose	2.3	g.
Water	to 100	ml.

Directions for use : Dilute with an equal quantity of warm water.

OINTMENTS**A. General****B. Eye****A. Ointments (General)**

25 g. to be dispensed unless otherwise directed.

Aminochloride of Mercury Ointment I.P.

Contains 2.5 per cent of aminochloride of mercury in Simple Ointment.

Aminochloride of Mercury and Coal Tar Ointment

Aminochloride of Mercury	0.6	g.
Solution of Coal Tar	1.5	g.
Yellow Soft Paraffin	22.9	g.

When Coal Tar Compound Ointment is prescribed Aminochloride of Mercury and Coal Tar Ointment shall be dispensed.

Aminochloride of Mercury, Coal Tar and Salicylic Acid Ointment

Salicylic Acid	0.5	g.
Ointment of Aminochloride of Mercury and Coal Tar	to 25	g.

Benzocaine Compound Ointment

Benzocaine	2.5	g.
Ointment of Hamamelis	11.25	g.
Ointment of Zinc Oxide	11.25	g.

Benzoic Acid Compound Ointment

Benzoic Acid	1.5	g.
Salicylic Acid	0.75	g.
Emulsifying Ointment	to 25	g.

Calamine Ointment

Calamine	4.2	g.
White Soft Paraffin	to 25	g.

Calamine Compound Ointment

Calamine	3.1	g.
Zinc Oxide	3.1	g.
Solution of Coal Tar	1.5	g.
Hydrous Wool Fat	6.2	g.
White Soft Paraffin	to 25	g.

Dithranol Ointment I.P.

Contains 0.1 per cent. of dithranol in yellow soft paraffin.

Dithranol, Ointment (Strong)

Dithranol	0.25	g.
Yellow Soft Paraffin	to 25	g.

Hydrocortisone Ointment

Hydrocortisone	50	mg.
Wool Fat	0.5	g.
White Soft Paraffin	to 5	g.

5 g. of 1 per cent ointment to be dispensed unless otherwise directed.

Hydrocortisone Acetate Ointment

Hydrocortisone Acetate	50	mg.
Wool Fat	0.5	g.
White Soft Paraffin	to 5	g.

5 g. of a 1 per cent ointment to be dispensed unless otherwise directed.

Iodine Non-Staining Ointment

Iodine	1.25 g.
Arachis Oil	3.75 ml.
Yellow Soft Paraffin	Sufficient quantity.

Contains about 5 per-cent of Iodine.

Iodine with Methyl Salicylate Ointment Non-Staining

Methyl Salicylate	1.25 g.
Non-Staining Iodine Ointment .. to 25	g.

Ichthammol Ointment

Ichthammol	2.5 g.
Wool Fat	11.25 g.
Yellow Soft Paraffin	to 25 g.

Menthol and Eucalyptus Oil Ointment

Menthol	0.25 g.
Eucalyptus Oil	1.0 ml.
Yellow Soft Paraffin	to 25 g.

Methyl Salicylate Ointment

Methyl Salicylate	12.5 g.
Hydrous Wool Fat	6.25 g.
White Beeswax	to 25 g.

Myrobalan and Opium Ointment I.P.

Powdered Opium, fine powder	1.9 g.
Ointment of Small Myrobalan	23.1 g.

Neomycin and Bacitracin Ointment

Contains 5 mg. of neomycin sulphate and 500 Units of bacitracin per gram.

25 g. to be dispensed unless otherwise directed.

Nystatin Ointment

Contains 100,000 Units of nystatin per gram.

25 g. to be dispensed unless otherwise directed.

Polymyxin B sulphate Ointment

Contains 20,000 Units of polymyxin B sulphate per gram-
15 g. to be dispensed unless otherwise directed.

Resorcinol Compound Ointment

Resorcinol	1.0 g.
Bismuth Sub-nitrate	2.0 g.
Zinc Oxide	1.0 g.
Starch	2.5 g.
Cade oil	0.75 g.
Wool Fat	2.5 g.
Sodium Meta-bisulphite	50 mg.
Water	1.0 ml.
Hard Paraffin	0.5 g.
Yellow Soft Paraffin	to 25 g.

Myxoedema has been reported as a result of prolonged application of resorcinol preparations to open surfaces.

When Resorcin Ointment, or Resorcin Co. Paste is prescribed, Compound Ointment of Resorcinol shall be dispensed.

Salicylic Acid Ointment I.P.

Contains 2 per cent of salicylic acid in Ointment of Wool Alcohols.

Salicylic Acid and Sulphur Ointment

Salicylic Acid	0.75 g.
Sublimed Sulphur	0.75 g.
Hydrus Ointment	23.5 g.

Small Myrobalan Ointment

Small Myrobalan, in fine powder ..	5 g.
Paraffin Ointment	20 g.

Sulphur Ointment I.P.

Contains 10 per cent of sublimed sulphur in Simple Ointment prepared with white soft paraffin.

Tetracycline Ointment

Contains tetracycline hydrochloride equivalent to 30 mg. of the base in one gram.

15 g. to be dispensed unless otherwise directed.

Zinc Oxide Ointment I.P.

Contains 15 per cent of zinc oxide in Simple Ointment.

Zinc Oxide and Camphor Ointment

Liquified Phenol	1	ml.
Camphor	0.2	g.
Bismuth Carbonate	3.12	g.
Zinc Oxide	3.12	g.
Yellow Soft Paraffin	to 25	g.

Zinc Oxide and Castor Oil Ointment

Zinc Oxide, finely sifted	1.88	g.
Castor Oil	12.50	g.
Ocotearyl Alcohol	0.50	g.
White Beeswax	2.50	g.
Arachis Oil	7.63	g.

Zinc Undecanoate Ointment

Synonym : Zinc Undecymelate Ointment.

Zinc Undecanoate	5.0	g.
Undecenoic Acid	1.25	g.
Emulsifying Ointment	to 25	g.

B. Eye Ointments

Eye Ointments shall be prepared in accordance with the method prescribed in the Indian Pharmacopoeia.

5 g. in a collapsible tube to be dispensed unless otherwise directed.

Sterile Base Eye-Ointment

Wool Fat	0.5	g.
Soft Paraffin	4.5	g.

Atropine Eye-Ointment

Eye Ointment containing 1 per cent of atropine sulphate to be dispensed unless otherwise directed.

Atropine and Amethocaine Hydrochloride Eye-Ointment

Eye Ointment containing 1 per cent of atropine sulphate and 0.25 per cent of amethocaine hydrochloride to be dispensed unless otherwise directed.

Atropine and Mercuric Oxide Eye-Ointment I.P.

Eye Ointment containing 1 per cent of atropine sulphate and 1 per cent. of yellow mercuric oxide to be dispensed unless otherwise directed.

Hydrocortisone Eye-Ointment

Eye Ointment containing 2.5 per cent of hydrocortisone acetate in a suitable base to be dispensed unless otherwise directed.

Hyoscine Hydrobromide Eye-Ointment

Eye Ointment containing 0.25 per cent of hyoscine hydrobromide to be dispensed unless otherwise directed.

Mercuric Oxide Eye-Ointment

Eye Ointment containing 1 per cent of yellow mercuric oxide to be dispensed unless otherwise directed.

Neomycin and Bacitracin Eye-Ointment

Eye Ointment containing 2.5 per cent of neomycin sulphate and 500 Units of bacitracin per gram to be dispensed unless otherwise directed.

Pilocarpine Eye-Ointment

Eye Ointment containing 1 per cent of pilocarpine nitrate to be dispensed unless otherwise directed.

Physostigmine Eye-Ointment

Eye Ointment containing 0.125 per cent of physostigmine salicylate to be dispensed unless otherwise directed.

Sulphacetamide Eye-Ointment

Eye Ointment containing 6 per cent of sulphacetamide sodium to be dispensed unless otherwise directed.

PAINTS

25 ml. to be dispensed unless otherwise directed.

Borax and Glycerin Paint

Synonym: Glycerin of Borax.

Borax	3	g.
Glycerin	22	g.

Labelling: To be used sparingly.

Crystal Violet Paint

Synonym: Gentian Violet Paint.

Crystal Violet	0.125	g.
Water	to 25	ml.

Crystal Violet Compound Paint

Synonym: Compound Paint of Crystal Violet; Triple Dye.

Crystal Violet	60	mg.
Brilliant Green	60	mg.
Proflavine Hemisulphate	30	mg.
Water	to 25	ml.

Iodine Compound Paint

Synonym: Mandl's Paint.

Iodine	0.31	g.
Potassium Iodide	0.62	g.
Water	0.62	ml.
Oil of Mentha	0.1	ml.
Alcohol (90 per cent.)	0.94	ml.
Glycerin	to 25	ml.

Labelling: Shake well before use.

Podophyllin Compound Paint

Podophyllum Resin	5	g.
Liquid Paraffin	to 4	ml
4 ml. to be dispensed unless otherwise directed.					

Tannic Acid Glycerin Paint I.P.*Synonym:* Glycerin of Tannic Acid.

Tannic Acid	5.0	g.
Sodium Citrate	0.25	g.
Exsiccated Sodium Sulphate	50	mg.
Glycerin	19.70	g.

It should be stored in well-closed containers.

PASTES

25 g. to be dispensed unless otherwise directed.

Brilliant Green and Zinc Oxide Paste

Brilliant Green	0.25	g.
Zinc Oxide Compound Paste	24.75	g.

Magnesium Sulphate Paste

Exsiccated Magnesium Sulphate, previously heated at 120° for one hour and cooled	11.0	g.
Glycerin, previously heated at 120° for one hour and cooled	14.0	g.
Phenol	0.125	g.

It should be kept and dispensed in well-closed containers which prevent access of moisture.

Resorcinol Compound Paste

Resorcinol	5	g.
Zinc Oxide	5	g.
Starch	5	g.
Liquid Paraffin	10	g.

Caution: Myxoedema has been reported as a result of prolonged application of resorcinol preparations to open surfaces.

Resorcinol and Sulphur Paste

Resorcinol	1.5	g.
Precipitated Sulphur	1.5	g.
Zinc Oxide	9.0	g.
Emulsifying Ointment	13.0	g.

Caution: Myxoedema has been reported as a result of prolonged application of resorcinol preparations to open surfaces.

Salicylic Acid and Coal Tar Paste

Salicylic Acid	0.5	g.
Coal Tar	0.75	g.
Zinc Oxide Compound Paste	to 25	g.

Salicylic Acid and Dithranol Paste

Dithranol	0.125	g.
Paste of Zinc Oxide and Salicylic Acid	to 25	g.

Zinc Gelatin Paste

Synonym: Unna's Paste

Zinc Oxide	3.8	g.
Gelatin	3.7	g.
Glycerin	8.8	g.
Distilled Water	8.7	ml.
					or a sufficient quantity.

Zinc Oxide and Coal Tar Paste

Synonym: White's Tar Paste

Coal Tar	1.5	g.
Zinc Oxide	1.5	g.
Starch	9.0	g.
Yellow Soft Paraffin	13.0	g.

Zinc Oxide Compound Paste*Synonym:* Zinc Paste

Zinc Oxide	6.25	g.
Starch	6.25	g.
White Soft Paraffin	12.50	g.

Zinc Oxide and Salicylic Acid Paste*Synonym:* Lassar's Paste

Zinc Oxide	6.0	g.
Salicylic Acid	0.5	g.
Starch	6.0	g.
White Soft Paraffin	12.5	g.

Zinc Oxide, Salicylic Acid and Ichthammol Paste

Ichthammol	1.25	g.
Zinc Oxide and Salicylic Acid Paste	..	to	25	g.	

PLASTER**Belladonna Self-Adhesive Plaster***Synonym:* Belladonna Plaster

Consists of a self-adhesive plaster mass containing extract of belladonna herb or root spread evenly on a suitable cloth. It contains 0.25 per cent of total alkaloids of belladonna.

POULTICE**Kaolin Poultice**

Heavy Kaolin, dried at 100°	52.7	g.
Boric Acid	4.5	g.
Glycerin	42.5	g.
Methyl Salicylate or Oil of Gaultheria	0.2	ml.
Oil of Mentha..	0.05	ml.
Thymol	0.05	g.

POWDERS

A. For External Use (Dusting Powder)

50 g. to be dispensed unless otherwise directed. Dusting powders should be stored in containers which prevent access of moisture.

Caution should be exercised in applying dusting-powders containing boric acid to raw and weeping surfaces.

Boric Tale Dusting Powder

Boric Acid	2.5	g.
Starch	5.0	g.
Purified Tale, Sterilised	to 50	g.

Dicophane Dusting Powder

Synonym: DDT Dusting-powder.

Dicophane	5	g.
Calcium Carbonate	5	g.
Light Kaolin	to 50	g.

Salicylic Acid Compound Dusting Powder

Salicylic Acid	1.5	g.
Boric Acid	2.5	g.
Purified Tale, Sterilised	to 50	g.

Zinc Oxide and Salicylic Acid Dusting Powder

Zinc Oxide	10.0	g.
Salicylic Acid	2.5	g.
Starch	to 50	g.

Zinc Oxide and Starch Dusting Powder

Zinc Oxide	25	g.
Starch	25	g.

Zinc Undecenoate Dusting Powder

Zinc Undecenoate	5.0	g.
Undecenoic Acid	1.0	g.
Turpentine Oil	0.25	ml.
Starch	25.0	g.
Light Kaolin	to 50	g.

B. For Internal use

These formulae provides single doses of powder individually wrapped. The number of powders to be dispensed to be stated by the prescriber.

Aluminium Glycinate and Magnesium Carbonate Powder

Basic Aluminium Glycinate	300	mg.
Magnesium Carbonate	120	mg.

Aromatic Powder of Chalk I. P.

Chalk	150	mg.
Cinnamon, finely powdered	60	mg.
Nutmeg, finely powdered	48	mg.
Clove, finely powdered	24	mg.
Cardamom Seed, freshly removed from the capsule and finely powdered	18	mg.
Sucrose	300	mg.

Aromatic Powder of Chalk with Opium I. P.

Powdered Opium	15	mg.
Aromatic Powder of Chalk	585	mg.
0.6 g. contains 1.5 mg. of anhydrous morphine.				

Barium Sulphate Compound Powder I. P.

Synonym : Barium Meal; Shadow Meal

Barium Sulphate	240	g.
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Saccharin Sodium	55	mg.
Vanillin	163	mg.

DOSAGE: 120 to 240 g. mixed immediately before use with a sufficient quantity of water.

Bismuth Compound Powder

Bismuth Carbonate	125	mg.
Calcium Carbonate	375	mg.
Heavy Magnesium Carbonate	375	mg.
Sodium Bicarbonate	125	mg.

Compound Effervescent Powder

Synonym: Seidlitz Powder

1. Sodium Potassium Tartrate, in dry powder 7.5 g.
Sodium Bicarbonate, in dry powder 2.5 g.
2. Tartaric Acid, in dry powder 2.5 g.

DOSAGE: Add No. 2 powder to a solution of No. 1 powder in cold or warm water and drink while it is effervescing.

Ipecacuanha and Opium Powder I. P.

Prepared Ipecacuanha	30	mg.
Powdered Opium	30	mg.
Lactose	240	mg.

0.3 g. contains 3 mg. of anhydrous morphine.

Kaolin Compound Powder

Light Kaolin	1	g.
Heavy Magnesium Carbonate	670	mg.
Sodium Bicarbonate	330	mg.

Liquorice Compound Powder I. P.

Synonym: Pulv. Glycyrrhinae Co.

Senna Leaf, finely powdered	640	mg.
Liquorice, peeled and finely powdered	640	mg.

Fennel, finely powdered	320	mg.
Sublimed Sulphur	320	mg.
Sucrose, finely powdered	2.080	g.

Magnesium Carbonate Compound Powder

Heavy Magnesium Carbonate	340	mg.
Calcium Carbonate	340	mg.
Sodium Bicarbonate	240	mg.
Light Kaolin	80	mg.

Magnesium Trisilicate Powder

Consists of magnesium trisilicate.

DOSAGE: 0.3 to 2 g.

Magnesium Trisilicate and Aluminium Hydroxide Powder

Magnesium Trisilicate	500	mg.
Aluminium Hydroxide	500	mg.

Magnesium Trisilicate and Belladonna Powder

Magnesium Trisilicate	500	mg.
Dry Extract of Belladonna	4	mg.

Magnesium Trisilicate, Belladonna and Phenobarbitone Powder

Magnesium Trisilicate	500	mg.
Dry Extract of Belladonna	4	mg.
Phenobarbitone	16	mg.

Protein Hydrolysate Powder

A flavoured or unflavoured powder prepared from the same proteins and digested in the same manner and to the same extent as in the preparation of Protein Hydrolysate Injection.

Rhubarb and Chalk Powder

Rhubarb Powder	140	mg.
Sodium Bicarbonate	60	mg.
Aromatic Powder of Chalk	200	mg.

Rhubarb and Soda Powder

Rhubarb Powder	400	mg.
Ginger Powder	300	mg.
Sodium Bicarbonate	800	mg.

Dosage: 0·3 to 1·3 g.

SOLUTIONS**Atropine Methonitrate Solution for Infants**

See page 211, Chapter IV

Epinephrine Hydrochloride Solution I. P.

Synonym: Adrenaline Hydrochloride Solution

Epinephrine	25	mg.
Chlorocresol	125	mg.
Sodium Chloride	225	mg.
Dilute Hydrochloric Acid	75	mg.
Sodium Metabisulphite	12	mg.
Distilled Water, freshly prepared	to 25	ml.

25 ml. to be dispensed unless otherwise directed.

Not for parenteral administration. If the solution becomes distinctly brown or pink in colour or contains a precipitate, it must be rejected.

Chlorobutol in a concentration of 0·5 per cent may also be used in place of Chlorocresol.

Iodine Solution, Aqueous I. P.

Synonym: Lugol's Solution.

Iodine	1·24	g.
Sodium Iodide	2·5	g.
Distilled Water	to 25	ml.

25 ml. to be dispensed unless otherwise directed.

Dosage: 0·3 to 1 ml. in water or milk.

It should be kept and dispensed in well-closed, glass stoppered bottles.

1 ml. contains 50 mg. of iodine and about 130 mg. of total iodine, free and combined.

Iodine Solution, Weak I. P.

Synonym: Tincture of Iodine.

Iodine	1.0	g.
Sodium Iodide	1.25	g.
Alcohol (50 per cent)	to 50	ml.

50 ml. to be dispensed unless otherwise directed.

DOSE: 0.3 to 2 ml, in water or milk.

It should be kept and dispensed in well-closed, glass-stoppered bottles.

2 ml. contains 40 mg. of iodine, and about 78 mg. of total iodine, free and combined.

SPIRITS

100 ml. to be dispensed unless otherwise directed.

Aromatic Spirit of Ammonia

Ammonium Bicarbonate	2.5	g.
Strong Solution of Ammonia	7.0	ml.
Oil of Lemon	0.5	ml.
Oil of Nutmeg	0.5	ml.
Alcohol (90 per cent)	75	ml.
Distilled Water, Sufficient to produce	..	100	ml.	

Surgical Spirit

Castor Oil	2.5	ml.
Methyl Salicylate	0.5	ml.
Ethyl Phthalate	2.0	ml.
Industrial Alcohol	to 100	ml.

SPRAYS

Sprays are intended for the treatment of asthma and similar conditions of the respiratory tract, and are for use with a nebuliser capable of producing a "dry mist". The sprays can also be used as "Aerosol" after adding a suitable dispersing agent and using the appropriate equipment.

25 ml. to be dispensed unless otherwise directed.

Labelling: The prescriber's instructions for use should be inserted on the label. In the absence of such instructions, state—To be used in a suitable atomiser as directed.

Chlorbutol Spray

Chlorbutol	0.25 g.
Camphor	0.625 g.
Menthol	0.45 g.
Cinnamon Oil	10.0 mg.
Liquid Paraffin	to 25 ml.

Epinephrine Spray

Synonym: Adrenaline Spray

Solution of Epinephrine Hydrochloride	..	2.5 ml.
Sodium Chloride	..	0.225 g.
Sodium Metabisulphite	..	25.0 mg.
Distilled Water, freshly boiled and cooled	to 25 ml.	

25 ml. contains 2.5 mg. of epinephrine hydrochloride

It should be packed in small, well-fitted, well-closed containers, protected from light.

Epinephrine and Atropine Compound Spray

Synonym: Adrenaline and Atropine Compound Spray.

Epinephrine	0.125 g.
Atropine Methonitrate	25 mg.
Papaverine Hydrochloride	0.2 g.

Chlorbutol	0.125 g.
Tartaric Acid	0.100 g.
Sodium Metabisulphite	25 mg.

Distilled Water, freshly boiled and cooled to 25 ml.

It should be packed in small, well-filled, well-closed containers protected from light.

Isoprenaline Sulphate Spray

Isoprenaline Sulphate	0.25 g.
Propylene Glycol	1.25 ml.
Sodium Metabisulphite	25.0 mg.
Distilled Water	to 25 ml.

It should be packed in small, well-filled, well-closed containers protected from light.

Isoprenaline Sulphate Compound Spray

Isoprenaline Sulphate	0.25 g.
Papaverine Hydrochloride	0.625 g.
Atropine Methonitrate	50.0 mg.
Propylene Glycol	1.25 ml.
Sodium Metabisulphite	25.0 mg.
Distilled Water	to 25 ml.

It should be packed in small, well-filled, well-closed containers, protected from light.

Penicillin Spray

Contains 1000 Units per ml, in normal saline.

It should be freshly prepared and dispensed.

SUPPOSITORIES

1 g. mould size suppositories to be dispensed unless otherwise directed.

Suppositories should be prepared by using one of the bases given in I.P. under the monograph "Suppositories", unless otherwise directed under the respective monographs.

Fatty Base Suppositories should be prepared using one of the bases given in I.P.

Amethocaine Suppositories

Suppositories each containing 20 mg. of amethocaine in a fatty base to be dispensed unless otherwise directed. The number of suppositories to be dispensed to be stated by the prescriber.

Aminophylline Suppositories

Suppositories each containing 500 mg. of aminophylline to be dispensed unless otherwise directed.

The base for these suppositories consist of:

Polyethylene Glycol 4000	1 part
Carbowax 1540	2 parts.

The number of suppositories to be dispensed to be stated by the prescriber.

Bismuth Subgallate Compound Suppositories

Synonym: Compound Suppositories of Bismuth and Resorcin.

Each suppository contains:

Bismuth Subgallate	0.195 g.
Resorcinol	65.0 mg.
Zinc Oxide	0.130 g.
Balsam of Peru	70.0 mg.
Fatty Base	a sufficient quantity.

6 suppositories to be dispensed unless otherwise directed.

Glycerin Suppositories I.P.

Each suppository contains 70 per cent w/w of glycerin.

Morphine Suppositories

Suppositories each containing 16 mg. of morphine hydrochloride in a fatty base to be dispensed unless otherwise directed. The number of suppositories to be dispensed to be stated by the prescriber.

Tannic Acid Suppositories

6 suppositories, each containing 200 mg. of tannic acid in a fatty base, to be dispensed unless otherwise directed.

SYRUPS

50 ml. to be dispensed unless otherwise directed.

Fig Syrup for Infants

See page 211, Chapter IV

Senna Syrup I. P.

Liquid Extract of Senna	12.5 ml.
Syrup	to 50 ml.

DOSE: 2 to 8 ml.

Urginea Syrup I. P.

Vinegar of Urginea	22.5 ml.
Sucrose	40.0 g.
Distilled Water	to 50 ml.

DOSE: 2 to 4 ml.

Vasaka Syrup I. P.

Liquid Extract of Vasaka	25 ml.
Glycerin	5 ml.
Syrup	to 50 ml.

DOSE: 3 to 4 ml.

It should be stored in well-closed containers.

Vasaka, Codeine and Ipecacuanha Syrup

Tincture of Ipecacuanha	1 ml.
Syrup of Vasaka	8 ml.
Syrup of Tolu	5.4 ml.
Syrup of Codeine	6.7 ml.
Calcium Hypophosphite	0.5 g.
Honey	to 50 ml.

DOSE: 1 tablespoonful.

TABLETS

Acetarsol Tablets

Each tablet contains 250 mg. of acetarsol.
12 tablets to be dispensed unless otherwise directed.

DOSE: Acetarsol, 60 to 250 mg.

Acetarsol Vaginal Tablets

Each tablet contains 250 mg. of acetarsol.
6 tablets to be dispensed unless otherwise directed.

Acetazolamide Tablets

Each tablet contains 250 mg. of acetazolamide.
24 tablets to be dispensed unless otherwise directed.

DOSE: Acetazolamide, 250 to 500 mg.

Acetomenadione Tablets I.P.

Each tablet contains 5 mg. of acetomenadione.
24 tablets to be dispensed unless otherwise directed.

DOSE: Acetomenadione, 2 to 10 mg.

Acetylsalicylic Acid Tablets I. P.

Synonym: Aspirin Tablets.

Each tablet contains 300 mg. of acetylsalicylic acid.
12 tablets to be dispensed unless otherwise directed.

DOSE: Acetylsalicylic Acid, 0.3 to 1 g.

They should be kept in containers which prevent access to moisture.

Acetylsalicylic Acid and Caffeine Tablets

Synonym: Aspirin and Caffeine Tablets.

Each tablet contains 250 mg. of acetylsalicylic acid and 60 mg. of caffeine.

12 tablets to be dispensed unless otherwise directed.

Dosage: 1 to 3 tablets.

They should be kept in containers which prevent access to moisture.

Acetylsalicylic Acid Compound Tablets I.P.

Synonym: Aspirin Compound Tablets; Acetylsalicylic Acid, Phenacetin and Caffeine Tablets; A.P.C. Tablets.

Each tablet approximately contains 225 mg. of acetylsalicylic acid, 150 mg. of phenacetin and 30 mg. of caffeine.

12 tablets to be dispensed unless otherwise directed.

Dosage: 1 or 2 tablets.

They should be kept in containers which prevent access to moisture.

Acetylsalicylic Acid Soluble Tablets

Synonym: Soluble Aspirin Tablets.

Each tablet contains 300 mg. of acetylsalicylic acid, 30 mg. citric acid, 90 mg. of calcium carbonate and 3 mg. of saccharin sodium.

12 tablets to be dispensed unless otherwise directed.

Dosage: 1 to 3 tablets.

They should be kept and dispensed in containers which prevent access to moisture.

When Calcium Aspirin Tablets are prescribed, Acetylsalicylic Acid Soluble Tablets shall be dispensed.

Alkaline Nasal Solution Tablets

Each solution tablet contain:

Sodium Bicarbonate	0.3	g.
Borax	0.3	g.
Thymol	3	mg.

12 solution tablets to be dispensed unless otherwise directed.

Directions for use: One solution tablet to be dissolved in 4 table spoonful (60 ml.) of warm water before use.

Aluminium Glycinate Tablets

Each tablet contains 0.5 g. of aluminium glycinate.

12 tablets to be dispensed unless otherwise directed.

Dosage: Aluminium Glycinate, 0.5 to 1 g.

Aluminium Hydroxide Tablets

Each tablet contains 325 mg. of dried aluminium hydroxide and 0.003 ml. of oil of mentha.

24 tablets to be dispensed unless otherwise directed.

Labelling: The tablets should be chewed before being swallowed.

Dosage: 1 or 2 tablets.

Aminophylline Tablets

Synonym: Tablets of Theophylline with Ethylenediamine.

Each tablet contains 100 mg. of aminophylline.

12 tablets to be dispensed unless otherwise directed.

Dosage: Aminophylline, 100 to 500 mg.

They should be kept and dispensed in air-tight containers.

Ammonium Chloride Tablets

Each tablet contains 500 mg. of ammonium chloride.

24 enteric-coated tablets to be dispensed unless otherwise directed.

Dosage: For acidifying the urine, up to eight tablets each of 500 mg.

Amodiaquine Tablets

Each tablet contains 200 mg. of amodiaquine hydrochloride

3 tablets to be dispensed unless otherwise directed.

Dosage: Amodiaquine Hydrochloride, 200 to 600 mg. weekly.

Amphetamine Sulphate Tablets

Each tablet contains 5 mg. of amphetamine sulphate.

The number of tablets to be dispensed, the amount of amphetamine sulphate in each, and the dose must be stated by the prescriber.

DOSAGE: Amphetamine Sulphate, 2.5 to 10 mg.

Amylobarbitone Tablets

(SCHEDULE H)

The tablets are made in two strengths, containing 50 mg. or 100 mg. of amylobarbitone, per tablet.

The number of tablets to be dispensed, the amount of amylobarbitone in each, and the dose must be stated by the prescriber.

DOSAGE: Amylobarbitone, 100 to 200 mg.

Amylobarbitone Sodium Tablets

(SCHEDULE H)

The tablets are made in two strengths, containing 50 mg. or 100 mg. of amylobarbitone sodium, per tablet.

The number of tablets to be dispensed, the amount of amylobarbitone sodium in each, and the dose must be stated by the prescriber.

DOSAGE: Amylobarbitone Sodium, 100 to 200 mg.

They should be kept in containers which prevent access to moisture.

Antazoline Hydrochloride Tablets

Each tablet contains 100 mg. of antazoline hydrochloride.

The number of tablets to be dispensed, the amount of antazoline in each, and the dose must be stated by the prescriber.

DOSAGE: Antazoline Hydrochloride, 100 to 200 mg.

They may be coated with sugar or other suitable material.

Ascorbic Acid Tablets I.P.

Synonym: Vitamin C Tablets.

Each tablet contains 100 mg. of ascorbic acid.

48 tablets to be dispensed unless otherwise directed.

Dosage: Ascorbic Acid: Prophylactic, 25 to 75 mg. daily.

Therapeutic, 200 to 500 mg. daily.

They should be kept in well-closed containers, protected from light.

Ascorbic Acid Tablets for Infants

See page 212, Chapter IV.

Atropine Methonitrate Tablets

Each tablet contains 1 mg. of atropine methonitrate.

6 tablets to be dispensed unless otherwise directed.

Dosage: Atropine Methonitrate, 1 to 2 mg.

Barbitone Tablets I.P.

(SCHEDULE H)

The tablets are made in two strengths, containing 0.3 g. or 0.5 g. of barbitone, per tablet.

The number of tablets to be dispensed, the amount of barbitone in each, and the dose must be stated by the prescriber.

Dosage: Barbitone, 0.3 to 0.6 g.

Barbitone Sodium Tablets I.P.

(SCHEDULE H)

The tablets are made in two strengths, containing 0.3 g. or 0.5 g. of barbitone sodium, per tablet.

The number of tablets to be dispensed, the amount of barbitone sodium in each, and the dose must be stated by the prescriber.

Dosage: Barbitone Sodium, 0.3 to 0.6 g.

Beladonna and Phenobarbitone Tablets

(SCHEDULE H)

Each tablet contains:

Dry Extract of Belladonna	25 mg.
Phenobarbitone	50 mg.

The number of tablets to be dispensed and the dose must be stated by the prescriber.

Dosage: 1 or 2 tablets.

They should be kept in containers which prevent access to moisture.

Busulphan Tablets

Each tablet contains 2 mg. of busulphan.

6 sugar-coated tablets to be dispensed unless otherwise directed.

Dosage: Busulphan, single dose 2 mg.

Daily dose, 4 mg.

Maintenance dose, 0.5 to 3 mg. daily.

Caution. The use of Busulphan should be restricted to hospitalised patients only.

Butobarbitone Tablets

(SCHEDULE H)

Each tablet contains 100 mg. of butobarbitone.

The number of tablets to be dispensed, the amount of butobarbitone in each, and the dose must be stated by the prescriber.

Dosage: Butobarbitone, 100 to 200 mg.

Calciferol Tablets I.P.

Synonym: Vitamin D₂ Tablets.

Each tablet contains 1.25 mg. of calciferol equivalent to 50,000 Units. of antirachitic activity (Vitamin D)

24 sugar-coated tablets to be dispensed unless otherwise directed.

DOSEAGE: Calciferol, Prophylactic, for infants and adults, 0.025 to 0.1 mg. (1000 to 4000 Units) daily.

Therapeutic, for infants and adults, 0.125 to 1.25 mg. (5000 to 50,000 Units) daily.

They should be kept in well-closed containers, in a cool place and protected from light.

Calcium with Vitamin D Tablets

Synonym: Calciferol Compound Tablets.

Each tablet contains 0.5 g. of calcium gluconate, 0.15 g. of calcium phosphate, and 500 Units of calciferol.

24 tablets to be dispensed unless otherwise directed.

LABELLING: The tablets should be crushed before being swallowed.

DOSEAGE: 1 or 2 tablets.

They should be kept and dispensed in air-tight containers.

Calcium Aminosalicylate Tablets

(SCHEDULE L)

Synonym: Calcium Para-aminosalicylate Tablets.

Each tablet contains 0.5 g. of calcium aminosalicylate.

120 tablets to be dispensed unless otherwise directed.

DOSEAGE: Calcium aminosalicylate, 10 to 20 g. daily, in divided doses.

They should be kept in well-closed containers, protected from light.

Calcium Gluconate Tablets

Each tablet contains 1 g. of calcium gluconate.

24 tablets to be dispensed unless otherwise directed.

DOSEAGE: Calcium Gluconate, 1 to 4 g.

Calcium Lactate Tablets I.P.

Each tablet contains 0.3 g. of calcium lactate.

24 tablets to be dispensed unless otherwise directed.

DOSEAGE: Calcium Lactate, 1 to 4 g.

They should be kept in containers which prevent access to moisture.

Carbimazole Tablets

Each tablet contains 5 mg. of carbimazole.

24 tablets to be dispensed unless otherwise directed.

DOSAGE: Carbimazole. Controlling dose, 30 to 40 mg. daily in divided doses.

Maintenance dose, 5 to 15 mg. daily.

Charcoal, Activated, Tablets

Each tablet contains 0.5 g. of activated charcoal.

12 tablets to be dispensed unless otherwise directed.

DOSAGE: Activated Charcoal, 4 to 8 g.

They should be stored in well-closed containers which prevent access to moisture.

Carbutamide Tablets

(SCHEDULE H)

Each tablet contains 0.5 g of carbutamide.

The number of tablets to be dispensed and the amount of carbutamide in each to be stated by the prescriber.

DOSAGE: The dosage is determined by the prescriber in accordance with the needs of the patient.

Chlorcyclizine Tablets

Each tablet contains 50 mg. of chlorcyclizine.

10 tablets to be dispensed unless otherwise directed.

DOSAGE: Chlorcyclizine, 50 mg.

Chloroquine Phosphate Tablets

Each tablet contains 250 mg. of chloroquine phosphate.
24 tablets to be dispensed unless otherwise directed.

DOSAGE: Chloroquine Phosphate. For the treatment of Malaria.

Suppressive dose, 500 mg. weekly.

Therapeutic initial dose, 1 g.

Therapeutic subsequent doses, 500 mg. daily.

For the treatment of amoebiasis: 0.5 to 1 g. daily.

Chloroquine Sulphate Tablets

Each tablet contains 200 mg. of chloroquine sulphate.

24 tablets to be dispensed unless otherwise directed.

Dosage: Chloroquine Sulphate. For the treatment of Malaria:

Suppressive dose, 400 mg. weekly.

Therapeutic initial dose, 800 mg.; therapeutic subsequent doses, 400 mg. daily.

For the treatment of amoebiasis: 400 to 800 mg. daily.

Chlormerodrin Tablets

Each tablet contains 18.3 mg. of chlormerodrin (equivalent to 10 mg. of mercury).

The number of tablets to be dispensed, the amount of chlormerodrin in each, and the dose must be stated by the prescriber.

Dosage: 55 to 110 mg. daily (equivalent to 30 to 60 mg. of mercury).

Chlorpromazine Hydrochloride Tablets

The tablets are made in two strengths, containing 10 mg. or 25 mg. of chlorpromazine hydrochloride, per tablet.

The number of sugar-coated tablets to be dispensed, the amount of chlorpromazine hydrochloride in each, and the dose must be stated by the prescriber.

Dosage: Chlorpromazine Hydrochloride, 75 to 150 mg. daily, in divided doses.

Chlorthalidate Tablets

Each tablet contains 0.5 g. of chlorthalidate.

The number of tablets to be dispensed to be stated by the prescriber.

Dosage: 0.5 to 1.5 g. daily.

Cholic Acid and Hexamine Tablets

Each tablet contains 75 mg. of cholic acid and 225 mg. of hexamine.

The number of sugar-coated tablets to be dispensed to be stated by the prescriber.

DOSAGE: 2 to 4 tablets daily.

Codeine Phosphate Hemihydrate Tablets I.P.

Each tablet contains 30 mg. of codeine phosphate hemihydrate.

12 tablets to be dispensed unless otherwise directed.

DOSAGE: Codeine Phosphate Hemihydrate, 10 to 60 mg.

They should be kept in well-closed containers, protected from light.

Codeine Compound Tablets I.P.

Synonym: Aspirin, Phenacetin and Codeine Tablets.

Each tablet contains approximately 8 mg. of codeine phosphate hemihydrate, 250 mg. of acetylsalicylic acid and 250 mg. of phenacetin.

12 tablets to be dispensed unless otherwise directed.

DOSAGE: 1 or 2 tablets.

They should be kept in well-closed containers, protected from light.

Cortisone Acetate Tablets

Each tablet contains 25 mg. of cortisone acetate.

The number of tablets to be dispensed to be stated by the prescriber.

DOSAGE: Cortisone Acetate, 50 to 200 mg. daily. For replacement therapy, 12.5 to 50 mg. daily.

Cyanocobalamin and Folic Acid Tablets

Each tablet contains 25 mcg. of cyanocobalamin and 5 mg. of folic acid.

The number of tablets to be dispensed to be stated by the prescriber.

DOSAGE: 1 or 2 tablets daily.

Cyclamate Sodium Tablets

Tablets each containing 125 mg. of cyclamate sodium to be dispensed unless otherwise directed.

1 tablet is approximately equivalent to 1 teaspoonful of sugar.

Cyclizine Tablets

Each tablet contains 50 mg. of cyclizine.

10 tablets to be dispensed unless otherwise directed.

Dosage: Cyclizine, 50 mg.

Dapsone Tablets

Each tablet contains 100 mg. of dapsone.

The number of tablets to be dispensed and the dose to be stated by the prescriber.

Dosage: The dosage is determined by the physician in accordance with the needs of the patient.

Diastase Tablets

Each tablet contains 300 mg. of diastase.

24 tablets to be dispensed unless otherwise directed.

Dosage: 1 or more tablets after meal.

Dexamphetamine and Amylobarbitone Tablets

Each tablet contains 5 mg. of dexamphetamine sulphate and 30 mg. of amylobarbitone.

The number of tablets to be dispensed and the dose must be stated by the prescriber.

Dosage: 1 or 2 tablets.

Dexamphetamine Sulphate Tablets

Each tablet contains 5 mg. of dexamphetamine sulphate.

The number of tablets to be dispensed, the amount of dexamphetamine sulphate in each and the dose must be stated by the prescriber.

Dosage: Dexamphetamine Sulphate, 5 to 10 mg.

Dienocetrol Tablets

The tablets are made in two strengths, containing 1 mg. or 5 mg. of dienocetrol, per tablet

24 tablets, each containing 1 mg. of dienocetrol, to be dispensed unless otherwise directed.

Dosage: Dienocetrol, 0.5 to 10 mg. daily.

Diethylcarbamazine Tablets

Each tablet contains 50 mg. of diethylcarbamazine citrate.

The number of tablets to be dispensed to be stated by the prescriber.

Dosage: Diethylcarbamazine Citrate, 0.15 to 0.5 g., daily.

Digitalis Tablets I.P.

Each tablet contains 60 mg. of prepared digitalis.

48 tablets to be dispensed unless otherwise directed.

Dosage: Prepared Digitalis 30 to 100 mg.

They should be kept in containers which prevent access to moisture.

60 mg. of prepared digitalis are equivalent to approximately 0.6 ml. of Tincture of Digitalis.

Digoxin Tablets I.P.

Each tablet contains 0.25 mg. of digoxin.

24 tablets to be dispensed unless otherwise directed.

Dosage: Digoxin, initial dose, 1 to 1.5 mg.

Maintenance dose, 0.25 mg., once or twice daily.

Digoxin is a glycoside obtained from *Digitalis anata* and is not identical with digitoxin, a crystalline glycoside, obtained from the leaves of *Digitalis purpurea* which has a different dosage.

Di-iodohydroxyquinoline Tablets

Each tablet contains 300 mg. of di-iodohydroxy quinoline.

24 tablets to be dispensed unless otherwise directed.

Dosage: Di-iodohydroxy quinoline, 1 to 2 g. daily.

They should be protected from light.

Ephedrine Hydrochloride Tablets I.P.

Each tablet contains 30 mg. of ephedrine hydrochloride.

24 tablets to be dispensed unless otherwise directed.

DOSEAGE: Ephedrine Hydrochloride, 15 to 60 mg.

Ephedrine Hydrochloride Tablets for Infants

See page 212 Chapter IV

Ergometrine Maleate Tablets

Synonym: Ergonoyine Maleate.

Each tablet contains 0.5 mg. of ergometrine maleate.

12 tablets to be dispensed unless otherwise directed.

DOSEAGE: Ergometrine Maleate, 0.5 to 1 mg.

They should be kept in well-closed containers, protected from light.

Ergotamine Tartrate Tablets

Each tablet contains 1 mg. of ergotamine tartrate.

12 sugar-coated tablets to be dispensed unless otherwise directed.

DOSEAGE: Ergotamine Tartrate, 1 to 2 mg. as a single dose

They should be kept in well-closed containers, protected from light.

Erythromycin Tablets

(SCHEDULE L).

Each tablet contains 100 mg. of erythromycin.

24 tablets to be dispensed unless otherwise directed.

DOSEAGE: Erythromycin, 200 to 600 mg.

Ethinylestradiol Tablets

Each tablet contains 0.02 mg. of ethinylestradiol.

The number of tablets to be dispensed to be stated by the prescriber.

DOSEAGE: Ethinylestradiol, 0.01 to 0.05 mg. in the treatment of menopausal symptoms.

0.1 mg. thrice daily for three days followed by 0.1 mg. daily for six days, for suppression of lactation.

1 to 2 mg. daily for treatment of carcinoma of the prostate.

Ethyl Biscoumacetate Tablets

The tablets are made in two strengths, containing 0.15 g. or 0.3 g. of ethyl biscoumacetate, per tablet.

The number of tablets to be dispensed, the quantity of ethyl biscoumacetate in each, and the dose to be stated by the prescriber.

DOSAGE: Ethyl Biscoumacetate, 0.15 to 1 g. daily, depending on the prothrombin activity of the blood.

Ethisterone Tablets

Each tablet contains 25 mg. of ethisterone.

12 tablets to be dispensed unless otherwise directed.

DOSAGE: Ethisterone, 25 to 100 mg. daily.

Ferrous Gluconate Tablets

Each tablet contains 300 mg. of ferrous gluconate.

48 tablets to be dispensed unless otherwise directed.

DOSAGE: Ferrous Gluconate, 0.3 g. three times a day.

Ferrous Sulphate Tablets I. P.

Each tablet contains 200 mg. of exsiccated ferrous sulphate.

48 sugar-coated tablets to be dispensed unless otherwise directed.

DOSAGE: Exsiccated Ferrous Sulphate, 60 to 200 mg.

Folic Acid Tablets

Each tablet contains 5 mg. of folic acid.

24 tablets to be dispensed unless otherwise directed.

DOSAGE: Folic Acid, 5 to 20 mg.

They should be kept in well-closed containers, protected from light.

Glyceryl Trinitrate Tablets I.P.

Synonym: Tablets of Nitroglycerin.

Each tablet contains 0.5 mg. of glyceryl trinitrate.

24 tablets to be dispensed unless otherwise directed.

Labelling: The tablets should be chewed before being swallowed.

Dosage: Glyceryl Trinitrate, 0.5 to 1 mg.

They should be kept and dispensed in containers which prevent access to moisture, and kept in a cool place, protected from light.

Glycobiarsol Tablets

Synonym: Bismuth Glycolyarsanilate Tablets.

Each tablet contains 0.5 g. of glycobiarsol.

6 tablets to be dispensed unless otherwise directed.

Dosage: Glycobiarsol, 0.5 g. three times a day.

Hexamethonium Tartrate Tablets

Each tablet contains 350 mg. of hexamethonium tartrate.

The number of tablets to be dispensed the amount of hexamethonium tartrate in each, and the dose to be stated by the prescriber.

Dosage: The dosage is determined by the physician in accordance with the needs of the patient.

Hexobarbitone Tablets

(SCHEDULE H)

Each tablet contains 250 mg. of hexobarbitone.

The number of tablets to be dispensed, the amount of hexobarbitone in each and the dose must be stated by the prescriber.

Dosage: Hexobarbitone, 250 to 500 mg.

Hydrocortisone Tablets

Each tablet contains 10 mg. of hydrocortisone.

The number of tablets to be dispensed to be stated by the prescriber.

Dosage: Hydrocortisone, 5 to 20 mg.

They should be kept in well-closed containers, protected from light.

Hyoscine Hydrobromide Tablets

Each tablet contains 0.3 mg. of hyoscine hydrobromide.

6 tablets to be dispensed unless otherwise directed.

Dosage: Hyoscine Hydrobromide, 0.3 to 0.6 mg. for an adult. Higher dosage is used in the treatment of parkinsonism.

For travel sickness, 2 tablets, each containing 0.3 mg. may be taken one hour before travelling, followed by 1 tablet at intervals of six hours of a maximum of 48 hours, if necessary.

They should be kept in well-closed containers, in a cool place, and protected from light.

Iodochlorohydroxyquinoline Tablets

Each tablet contains 250 mg. of iodochlorohydroxyquinoline.

24 tablets to be dispensed unless otherwise directed.

Dosage: Iodochlorohydroxyquinoline, 250 to 500 mg.

They should be kept in well-closed containers, protected from light.

Isoniazid Tablets

Synonym: I.N.H. Tablets.

(SCHEDULE L)

Each tablet contains 50 mg. of isoniazid.

48 tablets to be dispensed unless otherwise directed.

Dosage: Isoniazid, 100 to 300 mg. daily, in divided doses.

They should be kept in well-closed containers, protected from light.

Isoprenaline Sulphate Tablets I.P.

Each tablet contains 10 mg. of isoprenaline sulphate.

24 tablets to be dispensed unless otherwise directed.

Dosage: Isoprenaline Sulphate, 5 to 20 mg.

Kurchin Bismuth Iodide Tablets

Each tablet contains 0.3 g. of kurchin bismuth iodide.

12 enteric-coated tablets to be dispensed unless otherwise directed.

Dosage: Kurchin Bismuth Iodide, 0.3 to 0.6 g.

They should be kept in dry air-tight containers.

Magnesium Trisilicate Compound Tablets

Synonym: Aluminium Hydroxide and Magnesium Trisilicate Tablets.

Each tablet contains:

Magnesium Trisilicate 250 mg.

Dried Aluminium Hydroxide Gel 120 mg.

Oil of Mentha 0.003 ml.

48 tablets to be dispensed unless otherwise directed.

LABELLING: The tablets should be chewed before being swallowed.

Dosage: 1 or 2 tablets.

Mecamylamine Hydrochloride Tablets

Each tablet contains 10 mg. of mecamylamine.

The number of tablets to be dispensed to be stated by the prescriber.

Dosage: Mecamylamine Hydrochloride, 5 to 10 mg. three times a day.

Mepacrine Hydrochloride Tablets

Each tablet contains 100 mg. of mepacrine hydrochloride.

10 tablets to be dispensed unless otherwise directed.

Dosage: Mepesrine Hydrochloride, as an anthelmintic 1 g in divided doses.

0.1 g. three times daily in the treatment of giardiasis.

Mephensin Tablets

The tablets are made in two strengths, containing 250 mg. or 500 mg. of mephensin, per tablet.

The number of tablets to be dispensed, the amount of mephensin in each, to be stated by the prescriber.

Dosage: Mephensin, 0.5 to 1 g. one to six times a day.

Meprobamate Tablets

Each tablet contains 400 mg. of meprobamate.

The number of tablets to be dispensed to be stated by the prescriber.

Dosage: Meprobamate, 400 mg. three times a day.

Mepyramine Maleate Tablets

The tablets are made in two strengths, containing 50 mg. or 100 mg. of mepyramine maleate, per tablet.

The number of sugar-coated tablets to be dispensed, the amount of mepyramine maleate in each, and the dose must be stated by the prescriber.

Dosage: Mepyramine Maleate, 0.3 to 0.8 g. daily, in divided doses.

Mercaptopurine Tablets

Each tablet contains 50 mg. of mercaptopurine.

The number of tablets to be dispensed, the amount of mercaptopurine in each, and the dose to be stated by the prescriber.

Dosage: The dosage of mercaptopurine varies from patient to patient.

Usual initial dose for children and adults is 2.5 mg. per kg. of body weight each day. Clinical improvement and haematological responses must be relied upon as guides to dosage.

Methimazole Tablets

Each tablet contains 10 mg. of methimazole.

The number of tablets to be dispensed to be stated by the prescriber.

Dosage: Methimazole, 5 to 20 mg. every 8 hours.

Methoin Tablets

Each tablet contains 100 mg. of methoin.

24 tablets to be dispensed unless otherwise directed.

Dosage: Methoin, 50 to 100 mg.

Methylamphetamine Hydrochloride Tablets

Each tablet contains 5 mg. of methylamphetamine hydrochloride.

The number of tablets to be dispensed, the amount of methylamphetamine hydrochloride in each and the dose must be stated by the prescriber.

Dosage: Methylamphetamine Hydrochloride, 2.5 to 10 mg.

Methyltestosterone Tablets I. P.

Each tablet contains 5 mg. of methyltestosterone.

12 tablets to be dispensed unless otherwise directed.

Dosage: Methyltestosterone, 25 to 50 mg. daily for men; 5 to 20, mg. daily for women.

Neostigmine Bromide Tablets

Each tablet contains 15 mg. of neostigmine bromide.

The number of tablets to be dispensed and the dose to be stated by the prescriber.

Dosage: Neostigmine Bromide, 15 to 30 mg., the frequency of the dose being determined in accordance with the needs of the patient.

Nicotinamide Tablets I. P.

Synonym—Niacinamide Tablets.

Each tablet contains 50 mg. of nicotinamide.

24 tablets to be dispensed unless otherwise directed.

DOSE: Nicotinamide, Prophylactic, 15 to 30 mg. daily.

Therapeutic, 50 to 250 mg. daily.

They should be kept in well-closed containers.

Nicotinic Acid Tablets

Synonym: Niacin Tablets.

Each tablet contains 50 mg. of nicotinic acid.

24 tablets to be dispensed unless otherwise directed.

DOSE: Nicotinic Acid, Prophylactic, 15 to 30 mg. daily.

Therapeutic, 50 to 250 mg. daily.

Nitrofurantoin Tablets

Each tablet contains 50 mg. of nitrofurantoin.

24 tablets to be dispensed unless otherwise directed.

DOSE: Nitrofurantoin, 50 to 150 mg. four times a day.

Papaverine Hydrochloride Tablets

Each tablet contains 120 mg. of papaverine hydrochloride.

The number of tablets to be dispensed to be stated by the prescriber.

DOSE: Papaverine Hydrochloride, 120 to 250 mg.

They should be kept in well-closed containers, protected from light.

Pancreatin Compound Tablets

Each tablet contains 160 mg. of pancreatin, 650 mg. of sodium bicarbonate and sucrose.

24 tablets to be dispensed unless otherwise directed.

DOSE: 1 or 2 tablets.

Pentolinium Tartrate Tablets

The tablets are made in two strengths, containing 10 mg. or 40 mg. of pentolinium tartrate, per tablet.

The number of tablets to be dispensed and the amount of pentolinium tartrate in each, to be stated by the prescriber.
Labelling: The tablets should be crushed before being swallowed.

Dosage: The dosage is determined by the physician in accordance with the needs of the patient.

Pepsin, Papain and Pancreatin Tablets

Each tablet contains 60 mg. of pepsin, 60 mg. of papain and 120 mg. of pancreatin.

The number of coated tablets to be dispensed and the dose to be stated by the prescriber.

Dosage: 1 or 2 tablets.

Pethidine Hydrochloride Tablets I.P.

(D. D.)

The tablets are made in two strengths, containing 25 mg. or 50 mg. of pethidine hydrochloride, per tablet.

The number of tablets to be dispensed and the amount of pethidine hydrochloride in each to be stated by the prescriber.

Dosage: Pethidine Hydrochloride, 25 to 100 mg.

Phenindione Tablets

The tablets are made in two strengths, containing 10 mg. or 50 mg. of phenindione per tablet.

The number of tablets to be dispensed, and the amount of phenindione in each, to be stated by the prescriber.

Dosage: Phenindione. Initial dose, 200 to 300 mg. Subsequent doses, 25 to 100 mg. daily according to the prothrombin activity of the blood.

They should be kept and dispensed in containers which prevent access to moisture.

Phenobarbitone Tablets I.P.

(SCHEDULE H)

The tablets are made in two strengths, containing 30 mg. or 60 mg. of phenobarbitone, per tablet.

The number of tablets to be dispensed, the amount of phenobarbitone in each, and the dose must be stated by the prescriber.

Dosage: Phenobarbitone, 30 to 120 mg.

Phenobarbitone Sodium Tablets I. P.

(SCHEDULE H)

The tablets are made in two strengths, containing 30 mg. or 60 mg. of phenobarbitone sodium, per tablet.

The number of tablets to be dispensed, the amount of phenobarbitone sodium in each, and the dose must be stated by the prescriber.

DOSAGE: Phenobarbitone Sodium, 30 to 120 mg.

They should be kept in containers which prevent access to moisture.

Phenylbutazone Tablets

(SCHEDULE H)

Each tablet contains 100 mg. of Phenylbutazone.

The number of tablets to be dispensed, the amount of phenylbutazone in each, and the dose must be stated by the prescriber.

DOSAGE: Phenylbutazone, 200 to 400 mg. daily, in divided doses.

Phenytoin Sodium Tablets I.P.

Each tablet contains 100 mg. of phenytoin sodium.

24 sugar-coated tablets to be dispensed unless otherwise directed.

DOSAGE: Phenytoin Sodium, 50 to 100 mg.

They should be kept in well-closed containers.

Phenoxymethylpenicillin Tablets

Synonym: Penicillin V.

(SCHEDULE L)

Each tablet contains 120 mg. of phenoxymethylpenicillin or the equivalent amount of a salt of phenoxymethyl penicillin.

12 tablets to be dispensed unless otherwise directed.

Labelling: Keep in a cool, dry place.

DOSEAGE: The dosage is determined by the physician in accordance with the needs of the patient.

They should be kept in containers which prevent access to moisture, in a cool, dry place.

Phthalylsulphathiazole Tablets

(SCHEDULE H)

Each tablet contains 0.5 g. of phthalylsulphathiazole.

The number of tablets to be dispensed, the amount of phthalylsulphathiazole in each, and the dose must be stated by the prescriber.

DOSEAGE: Phthalylsulphathiazole, 0.5 to 2 g.

They should be kept in well-closed containers, protected from light.

Piperazine Citrate Tablets

Each tablet contains 300 mg. of piperazine citrate or 300 mg. of piperazine adipate equivalent to 250 mg. of piperazine hydrate.

12 tablets to be dispensed unless otherwise directed.

DOSEAGE: For thread worms, the equivalent of 0.5 to 2 g. of piperazine hydrate, daily, in divided doses up to the equivalent of 4 g. of piperazine hydrate, according to the age of the patient.

Prednisolone Tablets

Each tablet contains 5 mg. of prednisolone.

The number of tablets to be dispensed to be stated by the prescriber.

DOSEAGE: Prednisolone, 5 to 20 mg. daily, in divided doses.

Prednisone Tablets

Each tablet contains 5 mg. of prednisone.

The number of tablets to be dispensed to be stated by the prescriber.

DOSEAGE: Prednisone, 5 to 20 mg. daily, in divided doses

Primidone Tablets

Each tablet contains 250 mg. of primidone.

30 tablets to be dispensed unless otherwise directed.

DOSAGE: Primidone, 0.5 to 2 g. daily, in divided doses.

Procainamide Hydrochloride Tablets

Each tablet contains 250 mg. of procainamide hydrochloride.

The number of tablets to be dispensed to be stated by the prescriber.

DOSAGE: Procainamide Hydrochloride, 0.5 to 1.5 g.

Promethazine Hydrochloride Tablets I. P.

Each tablet contains 25 mg. of promethazine hydrochloride.

The number of sugar-coated tablets to be dispensed, the amount of promethazine hydrochloride in each, and the dose to be stated by the prescriber.

DOSAGE: Promethazine Hydrochloride, 25 to 75 mg. daily.

Protoveratrine Tablets

Each tablet contains 0.5 mg. of protoveratrine A and B maleate.

The number of tablets to be dispensed and the dose to be stated by the prescriber.

DOSAGE: Protoveratrine A and B Maleate, 1 to 2.5 mg. daily.

Propylthiouracil Tablets I. P.

Each tablet contains 50 mg. of propylthiouracil.

12 tablets to be dispensed unless otherwise directed.

DOSAGE: Propylthiouracil.

Controlling dose, 0.2 to 0.8 g.

Daily maintenance dose, 50 to 200 mg. daily.

Pyridoxine Hydrochloride Tablets

Synonym: Vitamin B₆ Tablets.

Each tablet contains 5 mg. of pyridoxine hydrochloride.

The number of tablets to be dispensed to be stated by the prescriber.

DOSE: Pyridoxine Hydrochloride, 5 to 10 mg.

Pyrimethamine Tablets

Each tablet contains 25 mg. of pyrimethamine.

6 tablets to be dispensed unless otherwise directed.

DOSE: Pyrimethamine, as prophylactic, 25 mg. weekly.

Quinalbarbitone Sodium Tablets

(SCHEDULE H)

The tablets are made in two strengths, containing 50 mg. or 100 mg. of quinalbarbitone sodium, per tablet.

The number of tablets to be dispensed, the amount of quinalbarbitone in each, and the dose must be stated by the prescriber.

Sugar-coated tablets to be dispensed unless otherwise directed.

DOSE: Quinalbarbitone Sodium, 50 to 200 mg.

They should be kept in containers which prevent access to moisture.

Quinine, Acetylsalicylic Acid and Codeine Tablets

Each tablet contains:

Quinine, Sulphate	60 mg.
Acetylsalicylic Acid	300. mg.
Codeine Phosphate	15 mg.

12 tablets to be dispensed unless otherwise directed.

DOSE: 1 to 3 tablets.

Quinine Bisulphate Tablets

Each tablet contains 300 mg. of quinine bisulphate.

The number of tablets to be dispensed to be stated by the prescriber. Unless otherwise stated, sugar-coated tablets are to be dispensed.

DOSE: Quinine Bisulphate, 300 to 600 mg.

Quinidine Sulphate Tablets

Each tablet contains 200 mg. of quinidine sulphate.

24 tablets to be dispensed unless otherwise directed.

DOSE: Quinidine Sulphate, 60 to 300 mg.

They should be kept in well-closed containers, protected from light.

Rauwolfia Tablets

Each tablet contains 2 mg. of total alkaloids of *R. Serpentina*.

The number of tablets to be dispensed to be stated by the prescriber.

DOSE: 1 or 2 tablets daily as determined by the physician.

Roserpine Tablets

Each tablet contains 0.25 mg. of reserpine.

The number of tablets to be dispensed to be stated by the prescriber.

DOSE: Roserpine, for hypertension, 0.5 to 2 mg. daily

They should be protected from light.

Riboflavine Tablets I. P.

Each tablet contains 1 mg. of riboflavine.

24 tablets to be dispensed unless otherwise directed.

DOSE: Riboflavine,

Prophylactic, 1 to 4 mg. daily.

Therapeutic, 5 to 10 mg. daily.

Rutin Tablets

Each tablet contains 20 mg. of rutin.

The number of tablets to be dispensed to be stated by the prescriber.

DOSAGE: Rutin, 20 mg.

They should be kept in well-closed containers, protected from light.

Saccharin Tablets

Tablets each containing 12 mg. of saccharin to be dispensed unless otherwise directed.

1 tablet is approximately equivalent to 1 teaspoonful of sugar.

Santonin Tablets

Each tablet contains 60 mg. of santonin.

4 tablets prepared with chocolate basis to be dispensed unless otherwise directed.

Labelling: The tablets should be chewed before being swallowed.

DOSAGE: Santonin, 60 to 200 mg.

Sodium Aminosalicylate Tablets

Synonym : Sodium Para aminosalicylate Tablets.

(SCHEDULE L)

Each tablet contains 0.5 g. of sodium para-aminosalicylate.

120 tablets to be dispensed unless otherwise directed.

DOSAGE: Sodium Aminosalicylate, 10 to 20 g. daily, in divided doses.

They should be kept in well-closed containers, in a cool place, and protected from light.

Sodium Bicarbonate Compound Tablets I. P.

Synonym: Soda Mint Tablets.

Each tablet contains 320 mg. of sodium bicarbonate and approximately 0.004 ml. of oil of mentha.

48 tablets to be dispensed unless otherwise directed.

LABELLING: The tablets should be allowed to dissolve slowly in the mouth.

DOSAGE: 2 to 6 tablets.

They should be kept in well-closed containers.

Sodium Chloride and Dextrose Solution Tablets

Each solution-tablet contains 450 mg. of sodium chloride and 450 mg. of dextrose.

The number of solution-tablets to be dispensed to be stated by the prescriber.

DIRECTION FOR USE: One solution-tablet to be dissolved in a tumblerful (240 ml.) of water before use.

They should be kept in well-closed containers.

Sodium Citrate Tablets for Infants

See page 212, Chapter IV

Solapsone Tablets

Each tablet contains 500 mg. of solapsone.

24 tablets to be dispensed unless otherwise directed.

DOSAGE: Solapsone, 1.5 to 3 g. daily.

They should be kept in well-closed containers, in a cool dry place and protected from light.

Stilboestrol Tablets I. P.

Each tablet contains 0.5 mg. of stilboestrol.

24 tablets to be dispensed unless otherwise directed.

DOSAGE: Stilboestrol, 0.1 to 5 mg. daily.

Sulphacetamide Tablets

(SCHEDULE H)

Each tablet contains 0.5 g. of sulphacetamide.

The number of tablets to be dispensed, the amount of sulphacetamide in each, and the dose to be stated by the prescriber.

DOSAGE: Sulphacetamide, initial dose 3 g., subsequent doses 1 to 1.5 g. every four hours.

They should be kept in well-closed containers, protected from light.

Sulphadiazine Tablets I. P.

(SCHEDULE H)

Each tablet contains 0.5 g. of sulphadiazine.

The number of tablets to be dispensed, the amount of sulphadiazine in each, and the dose to be stated by the prescriber.

DOSAGE: Sulphadiazine, initial dose, 3 g. subsequent doses 1 to 1.5 g. every four hours.

They should be kept in well-closed containers, protected from light.

Sulphadimidine Tablets I. P.

(SCHEDULE H)

Each tablet contains 0.5 g. of sulphadimidine.

The number of tablets to be dispensed, the amount of sulphadimidine in each, and the dose to be stated by the prescriber.

DOSAGE: Sulphadimidine, initial dose, 3 g. subsequent doses, 1 to 1.5 g. every six hours.

They should be kept in well-closed containers, protected from light.

Sulphafurazole Tablets

(SCHEDULE H)

Each tablet contains 0.5 g. of sulphafurazole.

The number of tablets to be dispensed, the amount of sulphafurazole in each, and the dose to be stated by the prescriber. **DOSAGE:** Sulphafurazole, initial dose, 3 g., subsequent doses, 1 to 1.5 g. every four hours.

They should be kept in well-closed containers, and protected from light.

Sulphaguanidine Tablets I. P.

(SCHEDULE H)

Each tablet contains 0.5 g. of sulphaguanidine.

The number of tablets to be dispensed, the amount of sulphaguanidine in each, and the dose to be stated by the prescriber.

DOSE: Sulphaguanidine, 3 to 6 g.

They should be kept in well-closed containers, and protected from light.

Sulphasomidine Tablets

(SCHEDULE H)

Each tablet contains 0.5 g. of sulphasomidine.

The number of tablets to be dispensed, the amount of sulphasomidine in each, and the dose, to be stated by the prescriber.

DOSE: Sulphasomidine, initial dose, 3 g.; subsequent doses, 1 to 1.5 g. every four hours.

Thiamine Hydrochloride Tablets I. P.

Synonym: Vitamin B, tablets, Anserine Hydrochloride Tablets.

Each tablet contains 3 mg. of thiamine hydrochloride.

24 tablets to be dispensed unless otherwise directed.

DOSE: Thiamine Hydrochloride,

Prophylactic 2 to 5 mg. daily.

Therapeutic 20 to 50 mg. daily.

They should be kept in well-closed containers, protected from light.

Thiamine Compound Tablets, Strong

Synonym: Vitamin B Compound Tablets Strong.

Each tablet contains:

Thiamine Hydrochloride	5 mg.
Riboflavin Hydrochloride	2 mg.

Nicotinamide Hydrochloride 20 mg.

Pyridoxine Hydrochloride 2 mg.

24 coated tablets to be dispensed unless otherwise directed.

Dosage: For the treatment of Vitamin B deficiency, 1 or 2 tablets thrice daily.

Thyroid Tablets I. P.

Each tablet contains 30 mg. of thyroid.

24 tablets to be dispensed unless otherwise directed.

Dosage: Thyroid, 30 to 240 mg. daily.

They should be kept and dispensed in containers which prevent access to moisture, and kept in a cool place.

l-Thyroxine Sodium Tablets.

Each tablet contains, 0.05 mg. of l-thyroxine sodium.

50 tablets to be dispensed unless otherwise directed.

Dosage: l-Thyroxine Sodium, 0.1 to 0.5 mg.

When Thyroxin Tablets or Thyroxine Sodium Tablets are prescribed, l-Thyroxine Sodium Tablets shall be dispensed.

They should be kept and dispensed in containers which prevent access to moisture and kept in a cool place.

Tocopheryl Acetate Tablets

The tablets are made in two strengths, containing 3 mg. or 10 mg., per tablet.

The number of tablets to be dispensed, the amount of tocopheryl acetate in each, and the dose to be stated by the prescriber.

Dosage: Tocopheryl Acetate, 3 to 10 mg.

They should be kept in well-closed containers which prevent access to moisture.

Tolbutamide Tablets

Each tablet contains 0.5 g. of tolbutamide.

The number of tablets to be dispensed, the amount of tolbutamide in each to be stated by the prescriber.

DOSEAGE: The dosage is determined by physician in accordance with the needs of the patient.

Triethylene Melamine Tablets

Synonym: TEM Tablets.

The tablets are made in two strengths, containing 1 mg. or 5 mg. of triethylene melamine, per tablet.

The number of tablets to be dispensed, the amount of triethylene melamine in each, and the dose to be stated by the prescriber.

DOSEAGE: The dosage is determined by the physician in accordance with the needs of the patient. It should be given with at least 2 g. of sodium bicarbonate an hour or more before breakfast.

Trimethadione Tablets

Synonym: Troxidone.

Each tablet contains 150 mg. of trimethadione.

The number of tablets to be dispensed to be stated by the prescriber.

DOSEAGE: Trimethadione,

For adults, 1 to 2 g. daily, in divided doses.

For children, 0.25 to 0.5 g. daily, in divided doses.

They should be kept in well-closed containers, in a cool place.

Vitamin Compound Tablets, Prophylactic

Synonym: Decavitamin Tablets.

Each tablet contains:

Vitamin A 5000 I.U.

Calciferol 400 I.U.

Ascorbic Acid 75 mg.

Calcium Pantothenate	5	mg.
Cyanocobalamin	2	mcg.
Folic Acid	0.25	mg.
Nicotinamide	20	mg.
Pyridoxine Hydrochloride	2	mg.
Riboflavin	3	mg.
Thiamine Hydrochloride	2	mg.

12 tablets to be dispensed unless otherwise directed.

DOSAGE: 1 tablet daily.

They should be kept in well-closed containers, protected from light.

Vitamin B. Complex Compound Tablets, Therapeutic

Each tablet contains:

Ascorbic Acid	300	mg.
dl—Panthenol	40	mg.
Cyanocobalamin	4	mcg.
Folic Acid	1.5	mg.
Nicotinamide	100	mg.
Pyridoxine Hydrochloride	2	mg.
Riboflavin	10	mg.
Thiamine Hydrochloride	10	mg.

12 tablets to be dispensed unless otherwise directed.

They should be kept in well-closed containers, protected from light.

Yeast Tablets

Synonym: Dried Yeast Tablets.

Each tablet contains 300 mg. of dried yeast.

The number of tablets to be dispensed to be stated by the prescriber.

DOSAGE: Dried Yeast, 1 to 8 g.

They should be kept in well-closed containers.

Hypodermic Tablets

Atropine Sulphate Hypodermic Tablets I.P.

Each tablet contains 0.6 mg. of atropine sulphate.

6 tablets to be dispensed unless otherwise directed.

DOSE: Atropine Sulphate, 0.25 to 1 mg.

Hyoscine Hydrobromide Hypodermic Tablets

Each tablet contains 0.3 mg. of hyoscine hydrobromide.

6 tablets to be dispensed unless otherwise directed.

DOSE: Hyoscine Hydrobromide, 0.3 to 0.6 mg.

Morphine and Atropine Hypodermic Tablets

(D.D.)

Each tablet contains 15 mg. of morphine sulphate and 0.4 mg. of atropine sulphate.

The number of tablets to be dispensed, the amount of morphine and atropine in each, and the dose to be stated by the prescriber.

DOSE: Morphine Sulphate, 15 mg; Atropine Sulphate, 0.4 mg.

They should be kept in well-closed containers, protected from light.

Morphine Sulphate Hypodermic Tablets

(D.D.)

The tablets are made in two strengths, containing 15 mg. or 30 mg. of morphine sulphate, per tablet.

The number of tablets to be dispensed, and the amount of morphine sulphate in each, must be stated by the prescriber.

DOSE: Morphine Sulphate, 8 to 20 mg.

They should be kept in well-closed containers protected from light.

Miscellaneous Therapeutic products used in medical practice

I. Anaesthetics and Gases

Carbon Dioxide I.P.
Carbon Dioxide and Oxygen 7 per cent.
Chloroform I.P.
Cyclopropane I.P.
Diethyl Ether.
Divinyl Ether.
Ethyl Chloride I.P.
Ethylene I.P.
Nitrous Oxide.
Oxygen I.P.
Trichloroethylene I.P.

II. Caustic Agents

Carbon Dioxide Snow.
Copper Sulphate Crystals I.P.
Silver Nitrate Sticks.

III. Immunological Agents

(A) Sera

Diphtheria Antitoxin I.P.
Gas Gangrene (Oedematiens) Antitoxin I.P.
Gas Gangrene (Perfringens) Antitoxin I.P.
Gas Gangrene (Septicum) Antitoxin I.P.
Tetanus Antitoxin I.P.

(B) Toxins and Toxoids

Diphtheria Toxoid I.P.
Tetanus Toxoid I.P.
Tuberculin I.P.

Vaccines

B.C.G. Vaccine I.P.
Cholera Vaccine I.P.
Plague Vaccine I.P.
Rabies Vaccine I.P.
Small Pox Vaccine I.P.
T.A.B. Vaccine I.P.
T.A.B.C. Vaccine I.P.
Typhus Vaccine I.P.
Whooping Cough Vaccine I.P.
Yellow Fever Vaccine I.P.

IV. Nutritional Products for Infants

Humanised Milk
Lactated Milk.
Protein Milk.
Skimmed Milk.

PEDIATRIC SECTION

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CHAPTER IV

PEDIATRIC SECTION

Prescriptions should bear the words "For Infants", and should indicate the dose, the frequency of the dose, and the age of the child. Unless otherwise stated doses are based on the average safe doses for a child of one year of age. Doses may be increased or decreased by the prescriber in accordance with the needs and age of the patient.

CREAM

25 g. to be dispensed unless otherwise directed.

Zinc Oxide and Castor Oil Cream for Infants

Synonyms: Zinc Oxide and Castor Oil Ointment; Zinc and Castor Oil.

Zinc Oxide	1.9 g.
Castor Oil	12.5 g.
Cetostearyl Alcohol	0.5 g.
White Beeswax	2.5 g.
Arachis Oil	7.7 g.

EMULSIONS

25 ml. to be dispensed unless otherwise directed.

Castor Oil Emulsion for Infants

Castor Oil	10 ml.
Acacia	2.5 g.
Cinnamon Water to	25 ml.

Emulsion of Liquid Paraffin and Emulsion of Liquid Paraffin with Magnesium Hydroxide see pages, 96-97, Chapter III.

Shark Liver Oil Emulsion for Infants

Shark Liver Oil	12.5	ml.
Acacia	3.2	g.
Tragacanth	0.2	g.
Syrup of Ginger	20	ml.
Cinnamon Water	to 25	ml.

Shark Liver Oil with Hypophosphites Emulsion

See page 97, Chapter III.

LINCTUSES

48 ml. to be dispensed unless otherwise directed.
Dose: 4 ml. undiluted.

Ipecacuanha and Urginea Linctus for Infants

Tincture of Urginea	0.12	ml.
Tincture of Ipecacuanha	0.12	ml.
Syrup of Orange	2.0	ml.
Syrup	to 4	ml.

Opiate Linctus of Urginea for Infants

Camphorated Tincture of Opium	0.3	ml.
Oxymel of Urginea	0.3	ml.
Syrup of Tolu	0.3	ml.
Glycerin	1.3	ml.
Syrup	to 4	ml.

4 ml. contains approximately 0.15 mg. of anhydrous morphine.

Simple Linctus for Infants

Syrup of Tolu	0.3	ml.
Syrup	to 4	ml.

Citric Acid	37	mg.
Syrup of Orange	1.3	ml.
Glycerin	1.0	ml.
Syrup of Tolu	to 4	ml.

MIXTURES

24 ml. (equivalent to six doses) to be dispensed unless otherwise directed. The quantity of Schedule H mixtures to be dispensed and dose must be stated by the prescriber.

Dosage: The dose of 4 ml. is based on the average safe dose for a child of one year of age, and may normally be given three times a day. The dose should be modified according to the age and weight of the child.

Acetyl Salicylic Acid Mixture for Infants

Acetyl Salicylic Acid	120	mg.
Compound Tragacanth Powder	60	mg.
Syrup of Ginger	1	ml.
Solution of Amaranth	0.06	ml.
Water	to 4	ml.

Belladonna and Ephedrine Mixture for Infants

Tincture of Belladonna	0.15	ml.
Ephedrine Hydrochloride	8.0	mg.
Potassium Iodide	60.0	mg.
Solution of Benzoic Acid	0.09	ml.
Ajowan Water	0.09	ml.
Liquid Extract of Liquorice	0.16	ml.
Syrup	0.6	ml.
Water	to 4	ml.

Belladonna and Ipecacuanha Mixture for Infants

Tincture of Belladonna	0.15	ml.
Tincture of Ipecacuanha	0.15	ml.
Syrup	1.0	ml.
Compound Spirit of Orange	0.01	ml.
Solution of Benzoic Acid	0.08	ml.
Water	to 4	ml.

Belladonna Mixture for Infants

Tincture of Belladonna	0.15	ml.
Glycerin	0.6	ml.
Syrup	1.0	ml.
Compound Spirit of Orange	0.01	ml.
Solution of Benzoic Acid	0.08	ml.
Water	to 4	ml.

Bismuth Mixture for Infants

Bismuth Carbonate	0.14	g.
Aromatic Powder of chalk	0.14	g.
Mucilage of Acacia, sufficient quantity				
Spirit of Chloroform	0.05	ml.
Syrup	0.5	ml.
Concentrated Dill Water	to 4	ml.

Calcium Carbonate Mixture for Infants

Calcium Carbonate	60	mg.
Light Magnesium Carbonate	60	mg.
Sodium Bicarbonate	60	mg.
Aromatic Tincture of Cardamom	0.06	ml.
Syrup	0.06	ml.
Chloroform Water	to 4	ml.

Chloral and Potassium Bromide Mixture for Infants

(SCHEDULE H)

Chloral Hydrate	0.15	g.
Potassium Bromide	0.15	g.

Liquid Extract of Elixiorice	0.15 ml.
Glycerin	0.6 ml.
Syrup	0.4 ml.
Water	to 4 ml.

4 ml. contains about 120 mg. of chloral hydrate.

Codeine Mixture for Infants

Syrup of Codeine Phosphate	0.6 ml.
Syrup of Tolu	1.0 ml.
Solution of Benzoic Acid	0.076 ml.
Cumin Water	to 4 ml.

Ferrous Sulphate Mixture for Infants

Ferrous Sulphate	60 mg.
Dextrose Monohydrate	0.6 g.
Dilute Hypophosphorous Acid	0.1 ml.
Syrup of Orange	0.6 ml.
Water	to 4 ml.

It must be freshly prepared.

LABELLING: To be taken well diluted with water.

Ipecacuanha and Ammonia Mixture for Infants

Tincture of Ipecacuanha	0.15 ml.
Ammonium Bicarbonate	30.0 mg.
Sodium Bicarbonate	120.0 mg.
Syrup of Tolu	0.6 ml.
Ajowan Water	to 4 ml.

Ipecacuanha Mixture for Infants

Sodium Bicarbonate	120 mg.
Tincture of Ipecacuanha	0.15 ml.
Syrup of Tolu	1.0 ml.
Liquid Extract of Liquorice	0.3 ml.
Ajowan Water	to 4 ml.

It must be freshly prepared.

Kaolin Mixture for Infants

Light Kaolin	1.0 g.
Syrup of Lemon	1.0 ml.
Solution of Benzoic Acid	0.08 ml.
Solution of Amaranth	0.03 ml.
Chloroform Water to 4 ml.

64 ml. to be dispensed unless otherwise directed.

Dose: 4 ml. may be taken up to 8 times per day.

Piperazine Citrate Mixture for Infants

Piperazine Citrate	0.62 g.
Spirit of Peppermint	0.2 ml.
Glycerin	0.4 ml.
Solution of Sulphan Blue with Tartrazine	0.06 ml.
Syrup	2.0 ml.
Water to 4 ml.

It should be protected from light. Piperazine Citrate mixture contains in 4 ml. the equivalent of about 0.5 g. of piperazine hydrate.

Potassium Bromide Mixture for Infants

Potassium Bromide	0.15 g.
Liquid Extract of Liquorice	0.15 ml.
Ajowan Water	0.10 ml.
Chloroform Water to 4 ml.

Potassium Bromide and Belladonna Mixture for Infants

Potassium Bromide	0.15 g.
Tincture of Belladonna	0.15 ml.
Liquid Extract of Liquorice	0.15 ml.
Ajowan Water	0.10 ml.
Chloroform Water to 4 ml.

Potassium Citrate and Belladonna Mixture for Infants

Potassium Citrate	0.6	g.
Citric Acid	0.12	g.
Tincture of Belladonna	0.15	ml.
Solution of Benzoic Acid	0.08	ml.
Solution of Amaranth	0.03	ml.
Syrup of Orange	1.3	ml.
Water	to 4	ml.

LABELLING: To be taken well diluted with water.

Potassium Citrate Mixture for Infants

Potassium Citrate	0.6	g.
Citric Acid	0.12	g.
Solution of Benzoic Acid	0.08	ml.
Solution of Amaranth	0.03	ml.
Syrup of Orange	1.3	ml.
Water	to 4	ml.

LABELLING: To be taken well diluted with water.

DOSE: The dose prescribed should be sufficient to render and maintain the urine alkaline.

Rhubarb Mixture for Infants

Compound Tincture of Rhubarb	0.3	ml.
Light Magnesium Carbonate	75.0	mg.
Sodium Bicarbonate	75.0	mg.
Syrup of Ginger	0.6	ml.
Chloroform Water	to 4	ml.

Sodium Bicarbonate Mixture for Infants

SYNONYMS: Aromatic Mixture of Sodium Bicarbonate for Infants; Carminative Mixture for Infants

Sodium Bicarbonate	60	mg.
Tincture of Ginger	0.06	ml.
Ajowan Water	0.12	ml.
Syrup	2.0	ml.
Water	to 4	ml.

POWDERS

Boric Tale Dusting Powder

See page 153, Chapter III

SOLUTIONS

Atropine Methonitrate Solution for Infants

Atropine Methonitrate 60 mg.

Alcohol (90 per cent) to 10 ml.

10 ml. to be dispensed unless otherwise directed.

DOSAGE: 0.12 to 0.2 ml. Carefully Measured three or four times daily.

SUPPOSITORIES

Glycerin Suppositories for Infants

See page 106, Chapter III

SYRUPS

25 ml. to be dispensed unless otherwise directed.

Compound Syrup of Figs for Infants

Compound Tincture of Rhubarb .. 1.2 ml.

Liquid Extract of Senna .. 2.5 ml.

Figs 2.0 g.

Sucrose 13.5 g.

Water to 25 ml.

DOSAGE: For a child, 2 to 3 ml.

Senna Syrup I.P. for Infants

Contains 6.25 ml. of liquid extract of senna in 25 ml. of syrup.

DOSAGE: 1 to 2 ml.

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TABLET

Ascorbic Acid Tablets for Infants

Each tablet contains 5 mg. of ascorbic acid.

48 tablets to be dispensed unless otherwise directed.

Dosage: Ascorbic Acid Prophylactic, 5 mg. daily.

They should be kept in well-closed containers, protected from light.

Ephedrine Tablets for Infants

Each tablet contains 8 mg. of ephedrine hydrochloride.

12 tablets to be dispensed unless otherwise directed.

Dosage: Ephedrine Hydrochloride, 8 mg.

Sodium Citrate Tablets for Infants

Each tablet contains 120 mg. of sodium citrate.

48 tablets, to be dispensed unless otherwise directed.

For use in infant feeding, 120 mg. of sodium citrate dissolved in 4 ml. of water may be added to each feed.

They should be kept in well-closed containers.

POISON SECTION

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CHAPTER V

TREATMENT OF POISONING

A case of poisoning requires quick diagnosis and prompt treatment. The following notes are offered to help the practitioners in such an emergency.

Poisoning is either accidental (particularly in children and industrial workers) or suicidal or homicidal. In accidental cases, history quite often reveals the nature of the poison, but in suicidal cases the patient is often reluctant to give information or is unable to do so owing to mental confusion or coma. Similarly in homicidal cases history is not of much help. Thus in most cases of poisoning the physician has to rely on his own observations for the diagnosis of the nature of the poison. The following table may be found useful in arriving at working diagnosis.

Signs and Symptoms		Poisons that may produce it
1. Colic	Lead, Copper, Arsenic.
2. Collapse	Corrosives, Arsenic, Antimony, Aconite, Tobacco, Lobelia, Atropine.
3. Coma	Opium, Morphine, Chloral Hydrate, Barbiturates, Alcohol, Camphor, Lead encephalopathy, Cyanides, Carbon Monoxide, Atropine, Hyoscyne.
4. Convulsions	Nux Vomica and its alkaloids, Camphor, Cyanides, Santonin.
5. Cramps	Arsenic, Antimony, Lead.
6. Cyanosis	Aniline, Antifebrin, Eralgin, Opium, Nitrobenzene.
7. Delirium	Datura, Belladonna, Hyoscyamine, Cannabis, Alcohol, Camphor, Cocaine.

Signs and Symptoms	Poisons that may produce it
8. Diarrhoea	Irritant Poisons, Food Poisoning.
9. Jerks absent (areflexia)	Barbiturates.
10. Mucous-Oral bleached	Acids, Lysol.
11. Paralysis	Conium, Aconite, Gelsemium, Physostigmine, Arsenic, Lead.
12. Flaking at bed clothes	Datura, Alcohol, Kerosene Oil.
13. Pupils { (a) Contracted	Opium, Morphine, Phenol, Chloral Hydrate, Phoscarpine.
(b) Dilated	Belladonna, Datura and their alkaloids, Aconite, Cocaine.
14. Respiration { (a) Slow	Opium, Carbon Monoxide, Cyanides.
(b) Rapid	Datura, Cocaine.
15. Skin { (a) Dry	Belladonna and Datura.
(b) Moist	Opium, Aconite, Alcohol, Tobacco, Antimony.
16. Vomiting	Corrosive and irritant poisons generally e.g. acids, alcohol, copper sulphate, food poisoning, iodine, arsenic, lysol.

Management :

Whatever may be the nature of the poison, the following manifestations of the poisoning endanger the life of the patient and therefore, demand immediate treatment.

- (1) **Asphyxia**—Keep airways unobstructed; Remove artificial teeth: and accumulating secretions: Prevent the tongue from falling back: Oxygen: Artificial respiration, or Iron-Lung: Prophylactic Penicillin for Hypostatic Pneumonia: Special care in Stomach wash, specially in the comatose patient to prevent aspiration pneumonia: Respiratory stimulants, Nikethamide etc. Intratracheal intubation. Tracheotomy in cases of respiratory failure.

- (3) **Comas :** Analeptics i.e. 'rousing agents include stimulants like Nikethamide, Leptazol, Pholedrine, Strychnines, Picrotoxin, Caffeine.
- (3) **Water and Electrolyte disturbance**—due to vomiting and diarrhoea is corrected by appropriate oral or intravenous Full Strength or Half Strength Glucose Saline (5%).
- (4) **Convulsions and Delirium :** Sedatives administered by injection or orally like Phenobarbitone, Thiopentone, Pethidine, Paraldehyde or even Morphine.
- (5) **Pain and Shock**—Severe pain of corrosive poisoning produces Neurogenic shock, which if not treated with Pethidine or Morphia may drift into Oligemic shock. Anaphylactic shock from poisons or drugs will necessitate adrenaline, antihistamines and cortisone. Reduction of blood volume due to vomiting and diarrhoea may result in Oligemic shock; poisons might produce peripheral circulatory failure therefore administer 1-nor-Adrenaline drip infusion for resuscitation from shock.

Several of these measures listed under (1) to (5) above may be necessary in a case of poisoning; therefore, the best plan is to hospitalise the patient, put to bed and give the appropriate resuscitative therapy. Thus having 'kept the patient alive' institute immediately the specific treatment, which consists of the following :—

- (A) Removal of poison.
- (B) Use of antidotes :
 1. Chemical antidote.
 2. Mechanical antidote.
 3. Physiological antidote.
- (C) Systematic treatment.
- (A) **Removal of poison :** The unabsorbed portion of the poison can be removed by
 - (1) Induced emesis.
 - (2) Gastric lavage.
 - (3) Purgatives.
 - (4) Enemas.
 - (5) Local incision, if the poison has been administered by subcutaneous or intramuscular injection.

- (1) **Induction of Emesis :** It is unreliable in action. Likely to be followed by collapse. Therefore use emetics either preparatory to lavage or when facilities for lavage are not available or when lavage is contraindicated.

The means used to induce emesis are :

- (a) Tickle fauces, by bold insertion of tongue depressor or finger *tip*o pharynx. Repeat after the patient has swallowed 300 ml. of warm water.
 - (b) Readily available, but unreliable, are 5 to 15g. of common salt or table mustard in a tumblerful of warm water.
 - (c) Least objectionable is Tincture of Ipecac. up to 25 ml.
 - (d) Apomorphine is the only emetic given hypodermically. It is given in 6.5 mg. doses. It is rapid and certain in action, but is liable to be followed by depression. It should therefore not be used for elderly, debilitated and those in coma. Its chief use is in phenol poisoning.
- (2) **Gastric Lavage :** It is preferable to emesis. Lavage is contraindicated in corrosive poisoning, due to danger of perforation. Lavage must be done with great care in the comatosed due to danger of aspiration asphyxia and pneumonia. The patient should be lying with face downwards and the head lying lower than the body. Lavage should be done with a suitable solution (See under appropriate section) — it is usual to use about 4 litres in total. Each 'Filling' should be not more than 500 ml. It is usual to leave in the stomach through the lavage tube at the end of the lavage 15 to 30. g. of Magnesium Sulphate or Sodium Sulphate to hasten the passage of poison which has passed beyond the pylorus, but has not been absorbed.
- (3) **Purgatives :** To help elimination of the poison.
- (4) **Enemas :** Specially useful when the patient comes a long time after the ingestion of the poison, or when the poison is re-excreted into the large bowel.

Use of Antidotes :

1. **Chemical antidote :** Neutralization of the poison is achieved by giving a chemical antidote. This is swallowed or given through the lavage tube. The ideal thing is to give a 'Specific Chemical Antidote'. Reference to such an antidote may be made in the section, "The treatment of some common poisons."

If the poison has not been identified with certainty, or no specific antidote is available for the poisoning emergency then a combination of burned toast, milk of magnesia and strong tea may serve the purpose.

The universal antidote is particularly useful to adsorb and neutralise poisons viz. alkaloids glycosides, heavy metals and acids.

Except in corrosive poisoning the universal antidote is to be followed by gastric lavage or emetic.

The dose of universal antidote is 15 g. in half glass of warm water. The composition of the universal antidote is Animal Charcoal 2 parts, Tannic Acid 1 part, Magnesium Oxide 1 part.

2. **Mechanical antidote :** To retard adsorption of un-absorbed poison, two chief categories are in use :

(a) **Adsorbents viz. Charcoal, Kaolin.**

(b) **Demulcents :** These are of 3 types—Mucilaginous, fatty and starchy.

(i) **Mucilaginous :** Raw white of egg mixed with water gelatin 10 ml. (20 g in 5000 ml. water).

(ii) **Fatty :** Butter, edible oil, milk, cream.

(iii) **Starchy :** Mashed potato, flour and water, rice, maize.

3. **Physiological antidotes :** These do not neutralise the poison but combat the symptoms produced by the poison, by arousing opposite action. Thus they help

to carry the patient over the absorbed poison. For physiological antidotes see the appropriate section. Classical examples are:

- (a) For Barbiturates—Picrotoxin.
- (b) For Cocaine—Barbiturates.
- (c) For Datura—Pilocarpine.
- (d) For Nux Vomica—Amylobarbitone Sodium.
- (e) For Opium—Nalorphine.

(U) Systematic Treatment:

Treat the various symptoms as they arise from day to day.

TREATMENT OF COMMON POISONS

- (1) **Acetylsalicylic Acid (Aspirin):** Gastric lavage. Small doses of Sodium Bicarbonate to aid elimination. If patient is unconscious combat acidosis by M/6 Sodium Lactate solution intravenously. In the allergic type of poisoning give Adrenaline followed by an antihistaminic drug.
- (2) **Acids, Sulphuric, Hydrochloric, Nitric:** Emetics and lavage are contraindicated. The acids must be diluted and neutralised by the administration by mouth of a pint of water containing Oxidised Magnesia (60 g) or Aluminium Gel in water or lime water. Bicarbonates and Carbonates should be avoided because they form gas and may cause perforation.

White of eggs beaten with milk or water or edible oil may be given.

Morphine to relieve pain.

Use supportive measures and nutrient enema.

External burns should be cleaned and Sodium Bicarbonate applied. Eyes should be washed with 1 per cent Sodium Bicarbonate solution.

- (3) **Acid Carbollic (Lyso, Cresols, Creosote):** This is a local corrosive and also has systemic effects on nervous and circulatory systems.

Lavage either with 10—20 per cent alcohol solution and then continue with warm water. No alcohol solution should be left in the stomach. Or with Magnesium Sulphate or Sodium Sulphate (15, g. in 500 ml.) or with saturated solution of Lime.

Apomorphine is used for producing emesis.

Give white of eggs beaten in water or edible oil.

Instil 30 ml. Castor Oil in the stomach.

External burns should be washed with alcohol and then with soap and water.

Give supportive treatment if necessary.

- (4) **Acid Oxallic** : It is a powerful local irritant which precipitates ionized calcium.

Give Calcium Lactate or other calcium salts (30 g.). Calcium lactate in 250 ml. of water or a glass of lime water or large amounts of milk to precipitate insoluble calcium oxalate. Lavage with 1 in 2000 potassium permanganate solution.

Give white of eggs beaten in milk as demulcent.

Give Calcium Gluconate 10 ml. of a 10 per cent solution intravenously and 1.0 to 2.0 g. orally four times daily. Sodium or Potassium Carbonates or Bicarbonates should not be used. Give supportive treatment.

- (5) **Aconite** : Wash out the stomach with a solution of iodine in potassium iodide. Give universal antidote. Maintain recumbent position, administer hypodermically diffusible stimulants such as Digitalis, Strychnine and Ether.

Atropine should be given intravenously.

Keep the body hot by hot water bottles and by covering the body with blankets. Artificial respiration, diluted brandy per rectum and intravenous saline.

- (6) **Alcohol (Ethyl or Methyl)** : Lavage stomach with lukewarm water containing 2 g. Ammonium Carbonate in a tumblerful of water or one teaspoonful Sodium Bicarbonate or give Apomorphine to induce vomiting.

Give external warmth and blankets. Following stimulants may be used.

Strong black coffee orally or rectally.

Caffeine and Sodium Benzoate, 0.3 to 0.5 g. every 4 hours, subcutaneously.

Oxygen with 5 per cent Carbon Dioxide in comatose patients.

Nikethamide and Leptazol

For acidosis administer 4g Sodium Bicarbonate in water or M/6 Sodium Lactate or Carbohydrates and Glucose with the appropriate dose of Insulin (1 unit per 2 grams. of Carbohydrate).

- (7) Alkalies (Potassium Hydroxide, Sodium Hydroxide.)
No emetics or lavage should be given:

Dilute and neutralise by giving vinegar, 100-500 ml. or 0.5 per cent Hydrochloric Acid Solution, or lemon juice, Citric Acid or Tartaric Acid well diluted in water (500 ml.)

Later give edible oil 100 ml. or butter or a glassful of milk. These will form soap with the alkalies. Give white of eggs well mixed with water.

Relieve pain by Pethidine or Morphine.

Watch for oedema of the larynx; get ready for tracheotomy.

Locally if eyes are involved, they should be washed with saturated boric acid solution or normal saline or with water.

Give supportive therapy and watch for danger of collapse.

- (8) Alkaloidal poisons (not specifically covered):

Give "Universal Antidote", then gastric lavage with 250 ml. of Potassium Permanganate Solution (1 in 1000), followed by further lavage with 500 ml. of 5 per cent Sodium Bicarbonate solution. Have patient lie down and kept warm. Combat collapse by giving warm, stimulating drinks such as strong tea or coffee.

- (9) Anisophylline: Give "Universal Antidote", followed by gastric lavage with 250 ml. of Potassium Permanganate Solution (1 in 1000). Pentobarbital Sodium, 100 mg. may be given intravenously. Do not use Morphine or its derivatives.

(10) **Antidotes:** Treat in a darkened room and avoid stimulation. Do not give anaesthetics or barbiturates. Morphine may be used. If respiration is depressed give respiratory stimulants.

(11) **Antimony (Salt of) :** Emetic, if patient has not vomited; Tannic Acid 4 g in a tumblerful of very strong tea or coffee. Repeat if necessary. Later, demulcent drinks, such as milk, mucilage, oil etc. Opium, Warmth.

Treat collapse with stimulants and pituitary extract.

Dimercaprol (B.A.L.) may be used.

(12) **Arsenic :** Do the gastric lavage with warm water and milk. Give a cathartic.

Give freshly prepared Hydrated Ferric Oxide in tablespoonful doses suspended in water. Prepare it by mixing 45 ml. of Solution of Ferric Chloride I.P. in half a glass of water with a solution of 15 g. of Sodium Carbonate or Magnesium Oxide in half a tumbler of water. Strain through muslin. Give in tablespoonful doses.

Intramuscular injections of Dimercaprol in oil should be given. Doses as high as 5 mg./kg. four hourly can be given in severe cases in the first 24 hours.

Sodium Thiosulphate, 10 ml of 10 per cent may be given.

Maintain the balance of fluids and electrolytes. Stimulants to combat collapse.

Later give demulcent drinks—Eggs, milk, edible oil. Morphine is used to relieve pain.

(13) **Barbiturates :** In conscious patients—Give "Universal Antidote" in water, then lavage with 250 ml. of 1 in 1000 Potassium Permanganate Solution, and further lavage with 500 ml. of 5 percent Sodium Bicarbonate Solution and leave 30 ml. Saline cathartic in the stomach after lavage.

In unconscious patients—Lavage as above but with caution. Aspirate the mucus and keep the air way clean. Start Oxygen by nasal catheter. Give initial 10 mg. of 0.5 per cent solution of Picrotoxin intravenously. If no

awakening, repeat the dose after 10 minutes. If signs of awakening appear reduce dose to 8 mg. every 10 minutes till reflexes appear.

Give stimulants: Caffeine and Sodii Benzoate 0.5 g. intramuscularly, Methamphetamine Hydrochloride 10 to 15, 5 mg. tablets and raise foot-end of bed and give Nikethamide or Leptazol or Pholedrine for collapse.

Record pulse respiration, blood pressure, pupillary size and corneal and pupillary reflexes periodically.

If there is danger of infection antibiotics should be used. As long as coma persists 3000 ml. intravenously glucose saline should be given.

Specific Therapy : The routine of combined therapy with Bemegride and Daptazole recalls the barbiturate intoxicated subject to a "safe state" of light anaesthesia from which he will wake up in about 8 hours. Solution of 5 per cent Bemegride and 1.5 per cent Daptazole are injected by separate syringes into the delivery tube of an intravenous drip. 1 ml. of Daptazole and 10 ml of Bemegride may be given for 3 to 5 minutes according to progress till the 'safe state' is reached. This is shown by response to stimuli and presence of pupillary and conjunctival reflexes. Toxic signs are retching, vomiting and twitching of finger muscles. They indicate interruption of therapy. Return of barbiturate-coma indicate further combined therapy.

(14) Barium Salts Soluble in Water :

Give Sodium Sulphate, 15 to 30 g. in water.

Emetic of mustard. Demulcent drinks and Aromatic Spirit of Ammonia in water may also be given.

(15) Bishydroxycoumarin : Give gastric lavage with 5 per cent. Sodium Bicarbonate Solution. Give 60 mg. Vitamin K with Ox Bile extract by mouth, three times daily until blood prothrombin time is normal.

(16) Boric Acid and Soluble Borates :

Give gastric lavage with 250 ml. of Sodium Bicarbonate Solution, 5 per cent diluted to 1 litre with warm water.

Normal saline solution, 1 litre intravenously or preferably Ringer's Solution, I.P., 1 litre, intravenously promote diuresis with Sodium Citrate, 1 g. repeated as necessary.

- (17) Camphor: Give gastric lavage or an emetic. For excitation or convulsions, give Pentobarbital Sodium 100 mg., intravenously. Keep patient warm and stimulate respiration if necessary.
- (18) Cannabis Indica (Bhang): Stomach-tube or emetic using repeated changes of Potassium Permanganate 1 in 1000 solution leaving 80 ml. in the stomach.
Treat symptoms as they arise. Cold effusion to the head. Strychnine hypodermically. Artificial respiration. Oxygen and Carbon Dioxide inhalation.
- (19) Carbon Monoxide (Coal-gas): Promptly remove to fresh air. Loosen clothes around the neck. Keep warm. Give inhalation of 7 per cent Carbon Dioxide and Oxygen mixture. Give artificial respiration, if necessary.
Give 50 to 100 ml. of 50 per cent Glucose intravenously. This may be repeated.
Caffeine and Sodium Benzoate 0.5 g intramuscularly or Nikethamide 5 ml. intravenously or Leptazol.
Consider blood transfusion and/or Saline infusion.
- (20) Carbon Tetrachloride, Trichloroethylene, Tetrachloroethylene:
Gastric lavage—Leave Magnesium Sulphate in the stomach, plenty of carbohydrates orally. Avoid alcohol; (See also under chloroform).
- (21) Chloroform:
 1. Keep air passages clear. Give 5 per cent Carbon Dioxide with Oxygen.
 2. Artificial respiration.
 3. Intracardiac Adrenaline for cardiac arrest.
 4. Cardiac massage if feasible.
 5. Stimulants—Nikethamide, Caffeine.
 6. If swallowed—Give 120 ml. Liquid Paraffin and then gastric lavage with large quantities of warm water. Calcium Gluconate 10 per cent, 25 to 50 ml. intravenously.

7. Later give treatment for liver damage.

(22) **Convulsions :**

1. If convulsions are present give intravenous barbiturates, amylbarbitone 0.5 to 1.0 g as 10 per cent solution.
2. If swallowed, give Universal Antidote then lavage with potassium permanganate (1 in 1000) 250 ml. and further lavage with Sodium Bicarbonate 5 per cent 500 ml.
3. For Fainting, give stimulants-Aromatic Spirit of Ammonia, Coffee or Caffein Sodium Benzoate.
4. If necessary, give oxygen and artificial respiration.

(23) **Copper Compounds Soluble in water (Copper Sulphate) :**
No need of administering emetics. Vomiting occurs by itself.

Dimercoprol intramuscularly, 2 ml. (300 mg.) 8 hourly for 2 days.

Administer white of egg beaten with water or milk. Remove the resultant albuminate with copious gastric lavage with 0.5 g. of Potassium Ferricyanide in a tumblerful of water; or with 30 ml. of Milk of Magnesia in 1000 ml. of water.

Morphine is used for the relief of pain.

Give supportive therapy e.g. warmth, fluids and intravenous solution of saline for dehydration. Stimulants, if necessary.

(24) **Cyanides (Hydrocyanic acid potassium and Sodium salts, Oil of bitter almonds):**

1. Great speed is necessary if life is to be saved.
2. Place in open air in recumbent position. Give artificial respiration if breathing has stopped.
3. Intracardiac Injection of Adrenaline, if heart has stopped.
4. Induce vomiting by tickling the throat. Do not wait for the lavage tube.

5. Give Amyl Nitrite inhalations every 2 minutes for 15 to 30 seconds followed by (6).

6. Inject 10 to 15 ml. of 2 per cent Sodium Nitrite intravenously. Take about four minutes to give the injection. Avoid circulatory failure. Follow this by (7).

7. Give 50 ml. of 25 per cent Sodium Thiosulphate by slow intravenous injection.

8. Give 50 ml. of 10 per cent solution of medicinal Methylene Blue in 1.8 per cent Sodium Sulphate Solution intravenously. Repeat after 15 minutes.

9. If poison, is taken orally. For gastric lavage use A + B.

A. Ferrous Sulphate 45 g. in 300 ml.

B. Sodium Carbonate 15 g. in 300 ml.

If this is not available use solution of Potassium Permanganate, Hydrogen Peroxide or a mixture of sulphates (Ferrous and ferric) with Magnesium or Potassium Carbonate or 1 per cent Sodium Thiosulphate Solution.

10. Use all means to combat shock.

(25) *Datura* (*Belladonna*, *Atropine*) :

Nurse in a darkened room. Give ice cap in fever.

Give Universal Antidote, then lavage with 250 ml. Potassium Permanganate 1 in 1000 solution and further lavage with 500 ml. of 5 per cent of Sodium Bicarbonate Solution.

Pilocarpine or Methacholine may be given at intervals till the mouth is moist. Physostigmine 3 mg. to combat peripheral effects.

If marked excitement is present then give short acting barbiturates like Quinalbarbitone or Amylobarbitone. Chloral Hydrate 1 g., or Paraldehyde 10 ml. may be given for sedation.

Morphine must not be used.

If depression has developed, central stimulants may be used.

If respiratory depression is severe give oxygen with 5 per cent Carbon Dioxide. Artificial respiration.

Catheterise, if retention of urine develops.

Fluids parenterally if necessary.

- (26) D.D.T. : Inject 2 mg. Atropine Sulphate as a specific antidote.

Give "Universal Antidote" followed by gastric lavage. Use Sodium Sulphate, 30 g. in water as a cathartic, and force fluids. Hot tea or coffee, or caffeine and Sodium Benzoate, 500 mg. may be given subcutaneously or intravenously. Calcium Gluconate, 10 ml. of 10 per cent solution may be given intravenously for incoordination and tremors, or Pentobarbital Sodium, 100 mg. intravenously, if necessary. For prevention of liver damage, high carbohydrate and calcium diet should be given.

- (27) Iodine (Iodates, Iodoform) :

1. If swallowed lavage with Sodium Thiosulphate per cent solution or Starch (Flour, rice) solution.
2. Give Sodium Chloride 15 g. in a glass of warm water and repeat till vomit fluid is clear.
3. Give milk or white of eggs beaten up with water.
4. If pain is severe give Pethidine or Morphine.
5. Supportive measures.

- (28) Kerosene (Petrol, Petroleum, Gasoline, Fuel Oil, Benzene) :

1. Gastric lavage.
2. Bland Oils by mouth
3. Laxative.
4. Warmth, Oxygen, Artificial Respiration.
5. Prophylactic Penicillin to prevent pneumonia.
6. Stimulants, Caffeine, Methamphetamine.

30) Mercury: The symptoms are mostly due to corrosive sublimate.

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1. Precipitate mercury by giving white of eggs, milk.

2. Pass stomach tube cautiously and lavage with warm water mixed with Magnesium Carbonate, or with Sodium Thiosulphate 5 per cent—500 ml.

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If available, Sodium Formaldehyde Sulphoxylate is an excellent local antidote. 250 ml. of a 5 per cent solution is used for lavage and an additional 250 ml. left in the stomach.

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Give Dimercaprol for the absorbed mercury or Sodium Thiosulphate 10 per cent, 10 ml. intravenous 8 hourly.

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5 per cent Sodium Bicarbonate, glucose saline, blood or plasma may be used intravenously, for combating shock.

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Relieve Anuria by Sodium Sulphate 5 per cent, 100 ml. intravenously.

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30) Mushrooms (Poisonous) :

1. Give Atropine Sulphate 1-2 mg. subcutaneously to combat muscarine effect. Stop if the pupils dilate.

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2. Give Universal Antidote. Follow by emesis or gastric lavage. The latter with 250 ml. of 1 in 1000 Potassium Permanganate Solution and further lavage with 500 ml. of 5 per cent Sodium Bicarbonate Solution. At the end of lavage leave saline cathartic (10—15g. of Sodium Sulphate) in the stomach.

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3. For excitement, give Phenobarbitone Sodium 100 mg., warm fluids and sedatives like Amytal Sodium. To protect liver give Glucose, Protein Hydrolysate, Calcium Gluconate and B-Complex.

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31) Naphthalene :

1. Induce emesis with Sodium Chloride 15 g. in a glass of warm water.

2. Milk, white of eggs.

3. Coffee.

4. Give Sodium or Magnesium Sulphate as laxative.

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(32) Nux Vomica (Strychnine) :

1. Give Chloroform inhalations to check the spasms.
2. Give the 'Universal Antidote' and follow by gastric lavage with Potassium Permanganate Solution 1 in 1000, 250 ml. Further lavage with Sodium Bicarbonate 5 per cent Solution, 500 ml.
3. In the absence of stomach tube administer Apomorphine Hydrochloride subcutaneously.
4. Sodium salts of Pentobarbital (0.3—0.7g) and of Amylobarbitone (0.4—1.0 g) should be given intravenously. Ten per cent solutions are employed and injected slowly until the desired condition of a degree of depression to avoid convulsion and produce sleep is attained. The depression should not be so deep as to depress respiration.

Wakefulness, twitchings and increased reflex activity indicate need of additional administration of barbiturates.

5. Nurse in darkened room, in quiet surroundings.

(33) Opium (Morphine):

1. Wash out the stomach with a solution of Potassium Permanganate till the pink colour of the water returns. Use 0.6 to 1.0 g. of Potassium Permanganate in 500 ml. of water. Give 10 to 15 g. of Sodium Sulphate through the stomach tube before its withdrawal.
2. N-allyl-nor-morphine (Nalorphine) in doses of 5 to 10 mg. intravenously. If pulmonary ventilation is not good, the dose may be repeated in 10—15 minutes. Total dose should not exceed 40 mg. Do not attempt to restore consciousness to normal with this drug.
3. Even in poisoning by hypodermic injection, the stomach should always be washed. In comatose patient, take special care to prevent aspiration into airways.

If the drug has been administered by injection incise locally. Tie a tourniquet; release intermittently.

5. Ensure patient the airway. If anoxia is present give 5 per cent Carbon Dioxide with Oxygen. Artificial respiration.
 6. Atropine Sulphate, 1.5 mg. hypodermically. Cautiously repeat dose till pupils start dilating.
 7. Nikethamide, initially 1 to 2 ampoules, by slow intravenous injection is extremely useful. The dose may be repeated.
 8. Other stimulants Coffee, Caffein and Sodium Benzoate, Leptazol, Amphetamine, Ephedrine may be used.
 9. Warmth: Maintain water and electrolyte balance-intravenous glucose.
- (34) Snake-bite: Immediately apply a tourniquet to the proximal end of the affected limb. Make sure that the circulation of the distal part has been completely obliterated. The pressure may be released every 20 minutes for brief period.

When the tourniquet is in *situ* wash the bite with water, incise freely and allow it to bleed and irrigate with Hydrogen Peroxide solution. Intravenous Injection of 5 per cent Dextrose will help to dilute the toxin.

In case of body bites specially near the head and neck arrest of circulation is, of course, impossible but free incision and application of chemical solutions are indicated.

Inject antivenine intravenously or intramuscularly in dosage, of 100 ml. as indicated on label. The dose required is in inverse proportion of body weight and that of a child may be greater than that for adults. Oxygen : support circulation. Artificial respiration may be necessary. Injection of Cortisone 100 mg. or A.C.T.H. should be given.

(35) Turpentine :

Emetics or stomach lavage. Demulcent drink : Magnesium Sulphate : Keep patient warm and support respiration : Coffee; Pentobarbital Sodium may be given intravenously for excitation.

DIAGNOSTIC AGENTS

(220B)

CHAPTER VI

DIAGNOSTIC AGENTS.

A. Biological :

1. Anti-Rho (Anti-D) Serum.

To classify recipient (usually pregnant women) and Donor into Rh positive and Rh negative.

2. Cardiolipin Antigen prepared for complement fixation and flocculation tests for syphilis.

3. Casoni's Test :

0.25 ml. of filtered fluid from echinococcus cyst : Intradermal : Read at 30 min. to 24 hours, for diagnosis of hydatid cyst.

4. Diphtheria Toxin (Schick Test) :

Intracutaneous Skin Test : 0.1 ml. (= 1/50 M.L.D.)
Read for positive Reaction on 3rd day.

5. Frei's Antigen: (For Lymphogranuloma Inguinale)

Dosage : 0.1 ml. by intradermal injection.
Read at 48 hours.

6. Histoplasmin : Antigen obtained from broth cultures of *Histoplasma capsulatus*. Skin test for Histoplasmosis. Interpretation similar to Tuberculin Skin Test.

Dosage : 0.1 ml. of 1 in 1000 dilution of the antigen by intradermal injection.
Read at 24 to 48 hours.

7. Glucose—Insulin Tolerance Test :

Simultaneously Glucose oral and Insulin intravenously, glucose 1.75 gm. kg., Insulin 0.1 Unit/kg. body wt.
Blood samples at 0, 20, 30, 45, 60, 80, 120 minutes.

8. Koch old Tuberculin (Intradermal Test of Mantoux)

5 T. U. (0.05 ml., 1 : 1000). Read at end of 72 hours. If no reaction inject 100 T. U. (0.1 ml, 1 : 100)

(H) Scratch Test of Von Pirquet: Dosage : 1 drop: Read at end of 48 to 72 hours. Duration of reaction, 1 to 3 weeks.

2. Tuberculin P. P. D. : Purified protein derivative of tuberculin.

Dosage : 0.1 ml. of a dilution containing 5 T. U. intradermal injection.

Read at 72 hours.

B. Radiological :

1. Barium Sulphate: (Barium Sulphate compound Powder I. P.

112 g. to 224 g. for contrast visualisation of gastro-intestinal tract.

2. Diodone I.P. 35 per cent, 50 per cent, 70 per cent used for Pyelography, Salpingography, Angiography etc.

Dosage : It is injected intravenously up to dose of 50 ml. (70 per cent solution).

3. Iodized Oil : 40 per cent Iodine in poppy-seed oil used for Bronchography and Myelography

Dosage : It varies from 5 ml. to 40 ml.

4. Iodoxy: Injection (75 per cent) for excretion Urography.

Intravenous dose for Adult 20 ml.

Child 5 to 10 ml.

Infant 2 to 5 ml.

5. Iopanoic Acid : Six tablets each containing 0.5 g. of iopanoic acid given by oral route 10 hours prior to Cholecystography.

6. Iodophthalein

40 to 60 mg/kg body weight (upto 5 g.)

7. Methiodal Sodium (Skiodan Sodium)

For X-Ray examination of gall bladder (Cholecystography)

Dosage : 20 g. in 50 ml., intravenously.

8. Sodium Acetizoate 30 per cent, 50 per cent, 70 per cent used for urography—Aortography and Angiocardiography.

Dosage up to 25 ml. of 70 per cent solution, intravenously

C. Miscellaneous :

1. Amyl Nitrite for the determination of lung to face circulation time.

Dosage: 0.2 to 0.3 ml. by inhalation.

2. Azovan Blue :

For determination of blood volume.

Dosage: 20 to 40 mg. intravenously.

Dye fixed to serum albumin, Determination colorimetric.

3. Bromsulphalein Sodium : Liver Function Test.

2 to 5 mg./kg. as 5 per cent solution intravenously.

Sample of venous blood at 45 minutes and dye estimated.

If found over 10 per cent, means liver damage.

4. Congo Red for diagnosis of Amyloidosis and determination of blood volume.

Dosage: 0.25 ml/kg. of a 1 per cent solution intravenously

Usual dose 10 ml. (0.1g.) intravenously.

5. Dichlorephenol Indophenol. A skin test for vitamin C.

Dosage: Intracutaneous 0.002 ml. of N/300 solution.

6. Fluorescein : For visualisation of corneal lesions. A drop of a 2 per cent solution is put in the diseased eye.

7. Histamin Acid Phosphate : For investigation of Achlorhydria

Dosage : 2.5 to 5 mg. injected subcutaneously or intramuscularly.

8. Indigo-Carmine : 8 to 16 mg. intravenously for renal function before surgical operation.

9. Neostigmine Methyl Sulphate : For diagnosis of myasthenia gravis.

10. Octyl Nitrite : Therapeutic Test

Glass Capsules of Octyl Nitrite. For Cardiospasm & Angina Pectoris.

Dosage: 0.2 to 0.4 ml. by inhalation.

- 11. Phenol Red (Same as 14)—(i)** Used to test Renal Function.

(ii) Indicator to determine hydrogenion concentration.

Dosage: 6 mg. intramuscularly or intravenously.

Excreted chiefly by tubular secretion.

Normal 1st hour 50 per cent and 1st 2 hours 75 per cent excretion.

12. Phentolamine Methane Sulphonate

Adrenergic blocking agent used as test for differentiating Phoeochromocytoma from other causes of hypertension.

Dosage: For adults— 5 mg. intravenously. For children 1 mg. intravenously	} Fall of blood pressure in 15 min. by 30/20 Hg. and return to normal in 5 minutes.
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- 13. Sodium Dehydrocholate:** For determining circulation time (arm to tongue).

Dosage: 5 to 10 ml. of a 20 per cent intravenous injection. Inject 0.3 ml ether intravenously to determine right heart circulation time (arm to lung).

- 14. Sodium Paraaminobipurate:** For determining Renal Plasma flow.

Dosage: It is injected intravenously as 20 per cent solution in sufficient quantities to produce a blood plasma concentration of 2 mg. per 100 ml.

- 15. Urea :** Test for Renal function.

15 g. of urea dissolved in 100 ml. of water.

APPENDIX I

MONOGRAPHS

Bemigrade

$C_8H_9O_2N$

Mol.wt. 155.2

Bemigrade is β -ethyl- β -methyl glutarimide. It contains not less than 99.0 per cent of $C_8H_9O_2N$.

Description—White or slightly cream crystalline powder; odour, slight.

Identification—To 1 ml. of a saturated aqueous solution add 0.5 ml. of a solution of sodium hydroxide and 4 drops of bromine water. Heat for 5 minutes in boiling water, cool, neutralise the solution with dilute acetic acid, add a drop of ninhydrin solution and boil; a blue colour is produced.

Melting-range—124° to 126°, Pharmacopoeia of India 1955, page 834.

Acidity—pH of a 0.5 per cent solution, 5.5 to 7.0.

Iron—1 g. complies with the limit test for iron, Pharmacopoeia of India 1955, page 847.

Arsenic—Not more than 10 parts per million when determined by the method described in the Pharmacopoeia of India 1955, page 883.

Water—0.5 per cent when determined by the Karl Fischer's Method, Pharmacopoeia of India 1955, page 875.

Assay—Determine the nitrogen content by the method described in the Pharmacopoeia of India 1955, page 848. Each ml. of N/10 sulphuric acid is equivalent to 0.0155 g of $C_8H_9O_2N$.

BUSULPHAN



Mol. wt. 246.3

Busulphan is the tetramethylene ester of methanesulphonic acid. It contains not less than 98.0 per cent of $\text{C}_8\text{H}_{14}\text{O}_4\text{S}_2$ calculated with reference to the anhydrous material.

Description—A white crystalline powder.

Solubility—Sparingly soluble in water and in acetone. Soluble in alcohol.

Identification—

- (1) Fuse about 0.1 g with 0.1 g of potassium nitrate and a pellet of potassium hydroxide; cool; dissolve the residue in water, acidify with hydrochloric acid and add a few drops of solution of barium chloride; a white precipitate is produced.
- (2) To 0.1 g add 10 ml. of water and 5 ml. of solution of sodium hydroxide and heat; a characteristic odour is evolved.
- (3) Divide the solution (2) after cooling into two equal portions.
 - (a) To one portion add one drop of a solution of potassium permanganate; the purple colour changes through violet, blue, to emerald green.
 - (b) Acidify the other portion with dilute sulphuric acid and add one drop of a solution of potassium permanganate; the permanganate colour is not discharged.

Melting-range—114° to 115°, Pharmacopoeia of India 1955, page 834.

Loss on drying—Loses not more than 2 per cent. of its weight when dried in vacuum.

Ash—Not more than 0.1 per cent, Pharmacopoeia of India 1955, page 864.

Assay—Transfer 1 g, accurately weighed, to a 200-ml. flask fitted with a reflux condenser. Add 40 ml of 70 per cent. alcohol, previously neutralised to phenolphthalein and 25 ml of alcoholic potassium hydroxide solution. Reflux on a steam-bath for 30 minutes, occasionally rotating the flask; cool; add 3 ml of a solution of phenolphthalein and titrate the excess of alkali with N/2 hydrochloric acid. Perform a blank experiment without the sample.

Calculate the percentage of Busulphan from the following formula:—

$$\text{Percentage of } C_8H_{14}O_4S_2 = \frac{6.157 \times (a-b) \times \text{factor of N/2HCl}}{w}$$

where a = amount in ml of N/2 hydrochloric acid consumed in blank test.

b = amount in ml of N/2 hydrochloric acid consumed in neutralisation.

w = amount in gram of the sample taken.

MEPROBAMATE

$C_9H_{18}O_4N_2$

Mol. wt. 218.3

Meprobamate is 2-methyl-2-N-propyl-1:3-propanediol dicarbamate. It contains not less than 97.0 per cent and not more than the equivalent of 101.0 per cent of Meprobamate.

Description—A white crystalline powder; taste, bitter; odour, slight.

Solubility—Slightly soluble in water; readily soluble in acetone, in alcohol and in solvent ether.

Identification—The crystals of the diacetyl derivative of Meprobamate melt between 125° and 130°.

Melting range—103° to 106°, Pharmacopoeia of India 1955, page 834.

Heavy metals—Not more than 20 parts per million, Pharmacopoeia of India 1955, page 880.

MERCAPTOPYRINE

$C_5H_4N_4S$

Mol. wt. 152.2

Description—A yellow crystalline powder; odourless.

Solubility—Practically insoluble in cold water, in acetone and in solvent ether; moderately soluble in hot water and in alcohol; readily soluble in dilute aqueous alkalies.

Identification—

(1) A solution in warm alcohol gives an immediate precipitate with solutions of mercuric acetate or lead acetate in the same solvent.

(2) Ratio of $E_{1\text{ cm}}^{1\text{ per cent.}}$ at 255 m μ and 325 m μ in 0.1 N HCl is about 0.06. It should not be greater than 0.08.

Loss on drying—Loses not more than 12 per cent of its weight when dried at 150° in vacuum for 5 hours.

Nitrogen—35.7 to 37.9 per cent when determined by the method described in Pharmacopoeia of India 1955, page 848.

NYSTATIN

Nystatin is an antibiotic substance isolated from cultures of *Streptomyces noursei*. It contains not less than 1400 Units per mg.

Description—Cream to yellow microcrystalline powder.

Solubility—Very slightly soluble in water; sparingly soluble in methyl alcohol, in butyl alcohol and in propyl alcohol.

Undue toxicity—0.8 ml of a suspension of Nystatin containing 120 Units per ml when injected intravenously into each of 5 normal mice, weighing approximately 20 g each, does not cause death of any of them within 24 hours. If one of the mice dies the test is repeated and the sample complies with the test if none of the second group of 5 mice dies within 24 hours.

TRIETHYLENEMELAMINE

$C_6H_{12}N_4$

Mol. wt. 204.2

Triethylenemelamine is 2 : 4 : 6—triethylenimine 1 : 3 : 5—triazine. It contains not less than 95.0 per cent of Triethylenemelamine.

Description—A white crystalline powder which polymerises readily at room temperature.

Solubility—Very soluble in water; soluble in alcohol and in most organic solvents.

Melting-range—156° with decomposition, Pharmacopoeia of India 1955, page 834.

Absorption—E $\frac{1}{1 \text{ cm}}$ per cent. at 222—224 m μ determined in aqueous solution at pH 5, about 1800.

Assay—Transfer about 0.4 g. accurately weighed, to a 250 ml. flask containing 25 ml of acetone and 25 ml of a 6.3 per cent solution of sodium thiosulphate. Heat the flask so that it boils gently and titrate the liberated alkalinity as it is formed with N/5 acetic acid using phenolphthalein as indicator.

Continue the titration until no further alkalinity develops for 3 minutes following the last addition of acetic acid solution.

The percentage of Triethylenemelamine can be calculated from the following formula:—

$$\text{Percentage of } C_6H_{12}N_4 = \frac{A \times 13.6}{w}$$

Where A = volume of N/5 acetic acid consumed in neutralisation.

w = amount in grams of the sample taken.

APPENDIX II

Miscellaneous Preparation included in the Formulary

BATHS

Alkaline

Sodium Bicarbonate	125 g.
Water	100 L.

Bran

Bran	1,000 g.
Water	100 L.

Coal Tar

Coal Tar	52 g.
Water	100 L.

Mustard

Mustard	310 g.
Water	100 L.

ACIDS

Dilute Nitro-Hydrochloric Acid

Nitric Acid	93.75 ml.
Hydrochloric Acid	125.0 ml.
Water	to 1000 ml.

INFUSIONS

Concentrated Compound Infusion of Pterorhiza

Pterorhiza, thinly sliced	100 g.
Dried Bitter-Orange Peel, cut small	100 g.
Dried Lemon Peel, cut small	100 g.
Alcohol (25 per cent)	1,200 ml.

Prepared by the maceration process.

Concentrated Infusion of Valerian

Valerian, in moderately coarse powder	..	200 g.
Alcohol (25 per cent)	..	to 1,000 ml.

OINTMENTS

Ointment of Hamamelis

Liquid Extract of Hamamelis	..	10 ml.
Wool Fat	..	50 g.
Yellow Soft Paraffin	..	40 g.

OXYMELS

Oxymel of Urtica

Urtica (Indian Squill)	10 g.
Acetic Acid	18 g.
Distilled Water	50 ml.
Purified Honey	87 g. or a sufficient quantity.

SOLUTIONS

Solution of Aluminium Acetate

Aluminium Acetate	225	g.
Acetic Acid	250	ml.
Calcium Carbonate	100	ml.
Water	to 750	ml.

Solution of Amaranth

Amaranth	10	g.
Chloroform Water	to 1000	ml.

Solution of Benzoic Acid

Benzoic Acid	55	g.
Propylene Glycol	750	ml.
Water	to 1000	ml.

Solution of Sulphan Blue With Tartrazine

Sulphan Blue	3	g.
Tartrazine	3	g.
Chloroform Water	to 1000	ml.

Compound Solution of Tartrazine

Tartrazine	7.5	g.
Orange G	2.5	g.
Glycerin	250	ml.
Chloroform Water	to 1000	ml.

SPIRITS

Compound Spirit of Orange

Orange Oil	82.5	ml.
Lemon Oil	18.7	ml.
Coriander Oil	6.25	ml.
Oil Anethi	4.25	ml.
Alcohol (90 per cent)	to 1000	ml.

SYRUPS

Syrup of Orange

Tincture of Orange	125 ml.
Syrup sufficient to produce	1,000 ml.

TINCTURES

Aromatic Tincture of Cardamom

Cardamom Seed, freshly removed from the fruit, immediately bruised, and used at

once	68.5 mg.
Strong Tincture of Ginger	62.5 ml.
Caraway Oil	10.4 ml.
Cinnamon Oil	10.4 ml.
Clove Oil	10.4 ml.
Alcohol (90 per cent)	to 1000 ml.

WATERS

Ajowan Water

Ajowan Fruits	5 g.
Distilled Water	75 ml.

Mix the crushed fruits with distilled water and distil till 50 ml. of Ajowan Water is obtained. Mix the distillate and bottle.

Concentrated Cinnamon Water

Oil of Cinnamon	2 ml.
Alcohol (90 per cent)	60 ml.
Distilled Water	to 100 ml.

APPENDIX III **PHYSIOLOGICAL NORMS**

Whole Blood

Erythrocytes—

Men	4.6—5.5 million/cu.mm.
Women	4.1—5.0 $\frac{1}{2}$ million/cu.mm.

Haemoglobin (absolute)—

Men	15—17 g./100 ml.
Women	13—16 g./100 ml.

Haemoglobin (Sahli, corrected values)—

Men	95—110 units (%)
Women	90—105 units (%)

Iron	43—54 mg./100 ml.
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Packed cells (haematocrit)	40—45 %
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Fragility test—

Beginning of haemolysis	0.46—0.42 % NaCl
Complete haemolysis	0.36—0.30 % NaCl

Sedimentation rate (Westergren)—

Men	3—5 mm./60 minutes
Women	4—15 mm./60 minutes

Bleeding time (Duke)	1—3 minutes
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Coagulation time (Howell)	20 minutes
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Circulation time—

Arm to Tongue (Decholin)	10—16 seconds
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Arm to Lung (ether)	3—8 seconds
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Clot retraction time	18—24 hours
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Platelets	0.2—0.5 million/cu.mm.
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Leucocytes—

Adult	5000—10,000/cu.mm.
Infant	10,000—12,000/cu.mm.
Total Eosinophyll	45—450/cu.mm.
Neutrophils	60—70%
Eosinophils	1—4%
Monocytes	2—6%
Lymphocytes	20—30%
Basophils	0—0.5%

Mean Corpuscular Values—

M.C.V.	70—93 cubic microns.
M.C.H.	25—34 micromicrograms.
M.C.H.C.	30—35 g./100 ml. cells.
Oxygen capacity	18—22 ml. O ₂ /100 ml.
Prothrombin time (quick)	11—18 seconds
Reticulocyte count	0—3.8%
pH (blood)	7.3—7.5
Volume	70—100 ml./kg. body weight.
Water	78—82%
Glucose (fasting)	80—120 mg./100 ml.
Acetone bodies	0.3—2 mg./100 ml.
Ammonia	120—240 mg./100 ml.

PLASMA

Albumin	3.2—4.1 g/100 ml.
Alcohol—	
Slight intoxication	100 mg./100 ml.
Severe intoxication	350 mg./100 ml.
Alkali reserve	55—75 ml. CO ₂ /100 ml.
Amino Acid Nitrogen	3.5—8 mg./100 ml.
Ascorbic acid	0.7—1.4 mg./100 ml.

Bilirubin	0.1—0.3 mg./100 ml.
Calcium —	
Total	9—11 mg./100 ml.
Ionised	4—5 mg./100 ml.
Chlorides (calculated as NaCl)	500—650 mg./100 ml.
Cholesterol (total)	160—230 mg./100 ml.
Chol sterol esters	100—150 mg./100 ml.
Creatine	4—5 mg./100 ml.
Creatinine	1—2 mg./100 ml.
Fatty acids	200—240 mg./100 ml.
Fibrinogen	0.2—0.4 g./100 ml.
Globulin	1.5—3.0 g./100 ml.
Icterus index (Meulengracht) 4—6 units.	2—3 mg. bilirubin/100 ml.

Iron

Men	0.125 mg./100 ml.
Women	0.090 mg./100 ml.
Magnesium	1.5—3.5 mg./100 ml.
Non-protein nitrogen	20—40 mg./100 ml.
Phosphate (inorganic calculated as phosphorus)	
Adults	2.5—4.5 mg./100 ml.
Children	4—6 mg./100 ml.
Phospholipids	160—260 mg./100 ml.
Potassium	4.6—5.6 mcg./1000 ml.
Prothrombin activity	90—100%
Sodium	135—155 mcg./1000 ml.
Total lipids	500—700 mg./100 ml.
Total proteins	6.5—8.5 g./100 ml.
Urea	20—40 mg./100 ml.
Urea nitrogen	10—20 mg./100 ml.
Uric acid	1—3 mg./100 ml.
Volume	40—60 ml./kg. body weight.
Water	90%

SERUM

Prothrombin activity	5—10%
Amylase	80—160 Sbmogyi units/ 100 ml.
Iodine (P.B.I.)	4.8—8.6 micrograms/100 ml.
Phosphatase, Acid	0—2.5 King-Armstrong units/100 ml.
Phosphatase, Alkaline	2—9 Bodansky units/100 ml.

URINE

Volume/24 hours	1,200—1,500 ml.
Specific gravity	1.015—1.025
pH	5.0—6.5
Chlorides (calculated as NaCl)	10—15 g./24 hours
Urea	20—35 g./24 hours
Uric acid	0.4—1 g./24 hours
Urea clearance test—			
Average maximum	75 ml. of blood/minute
Average standard	54 ml. of blood/minute

CEREBROSPINAL FLUID

Pressure	100—200 mm. of water
Specific gravity	1.003—1.008
Cellcount	0—5 lymphocytes/cu.mm.
Chloride as Sodium Chloride	700—750 mg./100 ml.
Total protein	0.01—0.04 g./100 ml.
Glucose	40—70 mg./100 ml.
pH	7.3—7.4

GASTRIC JUICE

pH	0.9 to 1.5
Free Hydrochloride Acid	20—40 ml. N/10 HCl/100 ml.
Total acidity	50—70 ml. N/10 HCl/100 ml.

APPENDIX IV **WEIGHTS AND MEASURES**

Equivalents

Apothecary—Avoirdupois—metric weight

Solids

1·000 grain	0·065 g. (65 mg)
15·432 grains		1·000 g.
60·000	..	(1 drachm)	..	3·9 g.
437·500	..	(1 ounce avoirdupois)		28·350 g.
454·600	..	(1 fluid ounce water)		29·570 g.
480·000	..	(apothecary ounce)		31·100 g.
7,000·000	..	(avoirdupois pound)		454·000 g.

Approximate dose equivalents in metric and apothecary systems

The approximate dose equivalents in the following table represents the quantities that would be prescribed, under identical conditions, by physicians trained, respectively, in the metric or in the apothecary system of weights and measures. These equivalents are for the convenience of prescribers in translating doses from one system to the other, and are not

sufficiently accurate for pharmaceutical or other purposes;
for such purposes exact equivalents must be used.

Grain					Metric equivalents
1/600	0.1 mg.
1/500	0.12 mg.
1/400	0.15 mg.
1/320	0.2 mg.
1/240	0.25 mg.
1/200	0.3 mg.
1/160	0.4 mg.
1/120	0.5 mg.
1/100	0.6 mg.
1/80	0.8 mg.
1/60	1 mg.
1/50	1.2 mg.
1/40	1.5 mg.
1/30	2 mg.
1/24	2.5 mg.
1/20	3 mg.
1/16	4 mg.

Grain					Metric equivalents
1/12	5 mg.
1/10	6 mg.
1/8	8 mg.
1/6	10 mg.
1/5	12 mg.
1/4	16 mg.
1/3	20 mg.
2/5	25 mg.
1/2	30 mg.
3/5	40 mg.
3/4	50 mg.
1	60 mg.
1 1/4	75 mg.
1 1/2	80 mg.
1 3/4	0.1 g.
2	0.12 g.
2 1/4	0.15 g.
3	0.2 g.
4	0.25 g.

Grain					Metric equivalents
5	0.3 g.
6	0.4 g.
7	0.45 g.
7½	0.5 g.
10	0.6 g.
12	0.75 g.
15	1 g.
20	1.3 g.
25	1.6 g.
30	2 g.
40	2.6 g.
45	3 g.
60	4 g.
75	5 g.
90	6 g.
120	8 g.
150	10 g.
4 drachms	15 g.
1 ounce	30 g.

LIQUIDS

		approximate value
1 minim (m)	0.061 ml.	0.06 ml.
16.23 m	1.000 ml.	
1 fluid drachm (60m)	3.700 ml.	4 ml.
1 fluid ounce (480 m)	29.570 ml.	30 ml.

LIQUID MEASURES

$\frac{1}{2}$ minim	0.03 ml.
$\frac{1}{4}$	0.05 ml.
1	0.06 ml.
$1\frac{1}{2}$	0.1 ml.
2	0.2 ml.
4	0.25 ml.
5	0.3 ml.
8	0.5 ml.
10	0.6 ml.

LIQUID MEASURES—contd.

12 minim	0.75 ml.
15 "	1 ml.
30 "	2 ml.
45 "	3 ml.
1 fluid drachm	4 ml.
1½ " "	5 ml.
2 " "	8 ml.
4 " "	10 ml.
4 " "	15 ml.
1 fluid ounce	30 ml.

HOUSEHOLD MEASURES (Approximate evaluations)

Household measure	English equivalent	Metric equivalent
Drop	1 minim
Teaspoonful ..	1 fluid drachm ..	4 ml.
Dessertspoonful ..	2 fluid drachms ..	8 ml.
Tablespoonful ..	4 fluid drachms ..	15 ml.
Wineglassful ..	2 fluid ounces ..	60 ml.
Teacupful ..	4 fluid ounces ..	120 ml.
Tumblerful ..	8 fluid ounces ..	240 ml.

APPENDIX V

LABELLING AND IDENTIFICATION COLOURS FOR MEDICINAL GAS CYLINDERS

Each gas cylinder should bear the name or chemical symbol of the gas, stamped, stencilled or painted on or near the shoulder of the cylinder. In the case of coir covered cylinders, the name or chemical symbol should also be stamped on the metal tag attached to the covering.

The name and address of the person by whom the cylinder was filled should also be marked on the cylinder or given on a label attached to the cylinder.

The identification colours should be applied to the valve of the cylinder and shall extend down the cylinder to the shoulder (fig 1-a). In the case of mixed gases the individual gases should be applied in four segments, two of each colour (fig 1-b).

The gas cylinders should be stored in a cool place. They should not be exposed to heat or to the sun and should not be stored in the immediate vicinity of any inflammable material. No oils or similar lubricants should be used on the valves or other fittings of the cylinder.

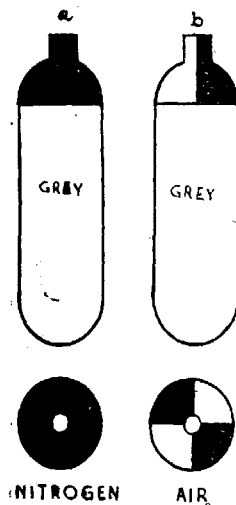
Name of Gas	Symbol	Valve end Colour	Body Colour
Air	White and Black*	Grey
Carbon Dioxide	CO ₂	Grey	Grey
Cyclopropane	Orange	Orange
Ethylene ..	C ₂ H ₄	Violet	Violet
Helium ..	He	Brown	Brown
Nitrogen	N ₂	Black**	Grey
Nitrous Oxide ..	N ₂ O	Blue	Blue
Oxygen	O ₂	White**	Black

Name of Gas	Symbol	Valve End Colour	Body Colour
Oxygen and Carbon Dioxide Mixtures	$O_2 + CO_2$	White and Grey*	Black
Oxygen and Helium Mixtures	$O_2 + He$	White and Brown*	Black

*The colours for the gases constituting the mixture shall be applied in four segments two of each colour (See fig 1-b).

**The colour to be applied to the valve end of the cylinder shall extend down the cylinder to the shoulder (see fig 1-a).

Fig. 1



APPENDIX VI

Name of the drug as occurring in the Formulary	Proprietary Names
Acetarsol (Tablets)	Stovarsol, Spirocoid.
Acetazolamide (Tablets)	Diamox.
Acetyl Salicylic Acid (Tablets, Mixture)	Aspirin, Aspro, Genasprin.
Acetyl Salicylic Acid Soluble (Tablets)	Solprin, Disprin.
Aluminium Glycinate (Tablets)	Alucinol.
Aluminium Hydroxide (Mixture, Tablets)	BI-alumina-gel, Aluminagel, Catoxyl, Aludrox.
Amethocaine (Eye-drops, Tablets, Suppositories)	Amacesthetic ABC, Amethalone, Pantocain.
Aminophylline (Injection, Tablets, Suppositories)	Aminophan, Minaphil, Neophylline, Aminophylline.
Amodiaquine (Tablets)	Amodiaquin, Camoquin.
Amphetamine Sulphate (Tablets)	Benzedrine.
Amylobarbitone (Tablets)	Amytal.
Amylobarbitone Sodium (Tablets)	Amytal Sodium.
Antazoline Hydrochloride (Cream, Injection, Tablets)	Antistine.
Ascorbic Acid (Tablets)	Cetamid, Civinal, Vitasam-C, Vitamin C, Celin, Cebion, Cevilat.

Name of the drug as occurring in the Formulary	Proprietary Names
Barbitone (Tablets)	Medinal, Veronal.
Barbitone Sodium (Tablets)	Sedovit, Veronal Sodium
Bemegride (Injection)	Megimide.
Benzalkonium (Lozenges)	Zephirol.
Benzocaine (Lozenges)	Anaesthesia.
Benzyl Benzoate (Application)	Enzol, Scabisan, Ascabiol.
Benzyl Penicillin (Injection)	Crystapen.
Bismuth Subgallate (Suppositories)	Peloint.
Busulphan (Tablets)	Myleran.
Butobarbitone (Tablets)	Soneryl, Ethobral,
Calciferol (Tablets)	Detamid, Divinal, Radiosterin.
	Ostelin, Radiostol, Sterogyl.
Calcium Para Aminoasciolyate (Tablets)	Calcium *PAS, Cal Amisal, Aminacyl, P.A.C., Pas Calcium, Neopac.
Calcium Gluconate (Injection, Tablets)	Calcium, Calcima, Calsid, Glucacal, Pregnisal.
Calcium Lactate (Tablets)	Calcium Lactate, Ossivite.
Carbutamide (Tablets)	Orasuline, Nadisan, Invenol.
Camphor Liniment	Liniment Camphor.
Carbachol (Injection)	Carbachol, Syncholin.
Carbimazole (Tablets)	Neo-Mercazole.
Cetrimide (Cream, Lotion)	Cetavlon.
Charcoal Activated (Tablets)	Eucoal, Ultracarbon
Chloramphenicol (Capsules, Ear-drops)	Alcophenicol, Biomyocetin, Chloramphylin, Chloromyocetin, Enteromyocetin.
Chlorbutol (Spray)	Chloretone.
Chlorcyclizine (Tablets)	Di-paralene Hydrochloride.
	Histanthu.

Name of the drug as occurring in the Formulary	Proprietary Names
Chlormerodrin	Merchloran
Choloroquine Phosphate (Tablets)	Avloclor, Chloroquin, Resochin.
Chloroquine Sulphate (Tablets)	Nivaquine.
Chloroxylenol (Solution)	Dettol, Fairgenol.
Chlorpromazine Hydrochloride (Elixir, Injection, Tablets)	Largactil.
Chlortetracycline (Capsules)	Aureomycin.
Chorionic Gonadotrophin (Injection)	Antuitrin-S, Physex, Pregnyl, Primogonyl, Prolan.
Corticotrophin (Injection)	A.C.T.H., Cortrophin.
Corticotrophin Gel (Injection)	A.C.T.H.
Cortisone Acetate (Injection, Tablets)	Corlin, Cortone, Florinef-S, Scheroson.
Crystal Violet (paint)	Atmonil.
Cyanocobalamin (Injection)	B ₁₂ , B.I.—Cycobal, Anaocobin, Be-Dauze, Bitevan, Cytobion 'Distavit' B ₁₂ , Macrabin, Rubivitan, Rubramin, Vitoobin.
Cyclamate Sodium (Tablets)	Sucaryl Sodium.
Dapsone (Tablets)	Diphone, Diasone, Sulfadione Novophone, Avlosulfon, Sulphone.
Deslanatoside C. (Injection)	Cedilanid.
Desoxy corticosterone Acetate (Injection)	Decortrone, DOCA, Cortenil, Percorten, Primocort, Synocortyl.
Dexamphetamine (Tablets)	Adjudets, Dexedrine.
Dextran (Transfusion)	Dextraven, Intradex.

Name of the drug as occurring in the Formulary	Proprietary Names
Dextrose (Injection)	Chamucose, Glucose, Grape Sugar.
Diatase (Tablets)	Diastin, Diartin, Taka-diatase
Dienocetrol (Tablets)	Dienocetrol, Neo-clinestrol, Synestrol.
Digoxin (Injection, Tablets)	Lanoxin.
Dihydro Ergotamine (Injection)	Dihydroergotamine.
Di-iodohydroxyquinoline (Tablets)	Alidoquin, Di-iodo-quinol, Diodoxylin, Dinoquin, Embequin, Fairdiquin, Histoquin, Savorquin, Siodo-Enterin.
Diphenhydramine (Capsules, Elixir)	Benadryl.
Diphenan	Diphenan, Butolan.
Diphtheria Toxoid	Anadifterall "F", Anadifterall "T", Diphtheria Prophylactic.
Dithranol (Ointment)	Cignolin, Darobin.
Divinyl Ether	Vincethene.
Emetine Hydrochloride (Injection)	Embizan, Emetine, Emetine Hydrochloride, Stremetine.
Ephedrine Hydrochloride (Nasal drops, Tablets)	Endrine, Ephazone, Ephedrine, Merion, Phedros.
Epinephrine (Injection, Solution, Spray)	Adrenalin.
Ergometrine Maleate	Ergometrine Maleate.
Ergotamine Tartrate (Injection, Tablets)	Gynergen, Migril.

Name of the drug as occurring in the Formulary	Proprietary Names
Erythromycin (Injection, Tablets)	Erythrocin, Hlotycin.
Ethinylloestradiol (Tablets)	Dyloform, Estronex, Ethidol, Ethinestryl, Follikosid, Geriatone, Progynon.
Ethisterone (Tablets)	Eticyelin, Lupronex, Lutoeye lin, Lutoform, Oraluton. Progestoral, Proluton.
Ethyl Biscoumaacetate (Tablets)	Tromexan.
Ferrous Gluconate (Tablets)	Ferronicum, Ferrophyl.
Ferrous Sulphate (Mixture, Tablets)	Plastules Plain, Fersolate, Nufertabes.
Flexible Collodion	Collodion Flexile.
Folic Acid (Injection, Tablets)	Plastules Folic, Folvite, Folic Acid, Befolex.
Gallamine Triethiodide (Injection)	Flaxedil.
Gamma Benzene Hexachloride (application)	Lorexane.
Glyceryl Trinitrate (Tablets)	Angised.
Glycobiarsol (Tablets)	Bisaren, Viasept.
Heparin (Injection)	Heparin, Pularin.
Hexamethonium Tartrate (Injection, Tablets)	Bistrium (Chloride), 'Vegolysen' T
Hexobarbitone (Tablets)	Cyclonal, Evipan.
Hyaluronidase (Injection)	Apertase, Hyalase, Kinaden, Permease, Rondase.
Hydnocarpus Oil (Injection)	Chaulmugrin.
Hydrocortisone Acetate (Eye-drops, Nasal drops)	Cortef, Efoorlin, Hydrocortone

Name of the drug as occurring in the Formulary	Proprietary Names
(Injection, Ointment)	Schereson F.
Iodochlorhydroxy quinoline (Cream)	Vioform
Iodochlorhydroxyquinoline (Tablets)	Alcholquin, Quiniodochlor, Quinoform, Entrochin, Protoquinol, Enterovioform
Iodine Solution Aqueous	Collosol Iodine.
Iodine Non Staining Ointment.	Iodol, Parodex, Iodolep, Iodex.
Iron Dextran (Injection)	Imferon.
Isoniazid (Tablets)	Nicozid, Isonide, Inataba, Tibizide, Isonex, Isoniazide, Neoteben, Nyhdrazid, Pelaxid, Rimifon, Alzide, Azurene.
Isoprenalline Sulphate (Spray, Tablets)	Alendrin, Isoprenal, Neo-Epinine, Norisodrine Sulfate.
Insulin (Injection)	Insulin, Insulin (Plain), Insulin A.B.
Insulin Zinc Suspension (Injection)	A.B. Insulin Lente, Insulin-lente, Insulin Novo Lente.
Insulin Zinc Suspension Amorphous (Injection)	Insulin Novo Semilente, Insulin Semi-lente.
Insulin Zinc Suspension Crystalline (Injection)	Insulin Novo Ultralente, Insulin Ultra-lente.
Insulin Protamine Zinc (Injection)	Protamin Insulin Zinc, Protamine Zin Insulin A.B., Protamin Zinc-Insulin (Depot).
Kurchin Bismuth Iodide (Tablets)	Anabin.

Name of the drug as occurring in the Formulary	Proprietary Names
Leptazole (Injection)	Corasol, Cardiazol, Ventrazol
Lignocaine (Injection)	Alocaine, Lignocaine, Lidocain, Xylocaine, Xylotex.
Liver Extract Crude (Injection)	Chem—Hepar, Crulivex, Cipalon, Panhepar (Plain), Campolon, Peranaemon Crudum, Plexan, Hemolon, Prolex, Hepafolin, Heparct, Hepatex-T, Hepol, Livadex, Liver-Extract, Liver Injection Crude, Liverex.
Lobeline Hydrochloride (Injection)	Lobeline.
Magnesia Milk (Mixture)	Chemo-Mag., Milk of Magnesia
Mecamylamine (Tablets)	Inversine, Mevasine.
Magnesium Trisilicate (Powder, Tablets)	Magsil, Navasorb.
Menadione Sodium Bisulphite (Injection)	Hykinone Sol, Kivinal, Vitamin K.
Mepacrine Methanesulphonate (Injection)	Atebrin—muesonate, 'Quinacrine' Soluble.
Mephenesin (Injection)	Myanesin, Tolserol.
Meprobamate (Elixir, Tablets)	Equil, Mepavlon, Meprophaen, Miltown.
Mepyramine Maleate (Tablets)	Anthisan, Anti-histone.
Mercaptomerin (Injection)	Thiomerin.
Mercaptopurine (Tablets)	Purinethol.
Mersalyl (Injection)	Mersalyl, Salyrgan.
Methadone	Polamidon, Physeptone.
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Name of the drug as occurring in the Formulary	Proprietary Names
Methimazole (Tablets)	Mercazole.
Methionine	Methionine.
Methylamphetamine Hydrochloride (Tablets)	Methedrine.
Methyl Ergometrine (Injection)	Methylergometrine, Methergin.
Methyl Salicylate (Liniment, Ointment)	Eutheria.
Methyltestosterone (Tablets)	Oraviron, Metherrone, Andronex, Geriatone, Glosco Sterandryl, Metherrone, Neo-Hombreol (M), Testaform Oral, Perandren, Testoviron.
Mild Silver Protein (Eye-drops, Nasal drops).	Argitin, Argyrol, Collosol Argentum, Protargol, Silver Vitelinate.
Nalorphine Hydrobromide (Injection)	Lethidrone.
Neocarsphenamine (Injection)	N.A.B. (Novarsenobillon).
Neostigmine Bromide (Eye-drops, Injection).	Prostigmin.
Neostigmine Methyl Sulphate (Injection)	Prostigmin.
Nicotinamide (Injection, Tablets)	Niacinamide, Nicotinamide, Nicozan, Pelonin Amide, Vinicotyl.
Nicotinic Acid (Injection, Tablets)	Nicotinic Acid, Pelonin.
Nikethamide (Injection)	Cardiamid, Cardin, Coramin, Cormid, Ventramin, Stimukin, Nikardin, Anacardone, Vinicotyl.

Name of the drug as occurring in the Formulary	Proprietary Names
Oestradiol Monobenzoate (Injection)	Crinovaryl, Dimenformon, Oestroform, Ovarex, Progy-non B Oleosum.
Oxytocin (Injection)	Syntocinon.
Paraffin Liquid (Emulsion)	Petrolagar, Paragol.
Penicillin Aluminium Monostearate (Injection)	Avloprocil, Hostacillin 'ol', PAM.
Pentobarbitone	Nembutal.
Pentolinium Tartrate (Tablets)	Ansolysen.
Pethidine Hydrochloride (Injection Tablets)	Dolantin,
Phenindione (Tablets)	Bindan, Dindevan, Indema.
Phenobarbitone (Tablets)	Nidrin, Gardenal, Ethobral, Luminal.
Phenobarbitone Sodium (Injection, Tablets)	'Gardenal' Sodium.
Phenoxymethylepenicillin (Tablets)	Crystapen V, Distaquaine-V, Fenocin, Myopen Vee, Oracyn, Peniversal, Pentide V.
Phenyl Butazone (Tablets)	Butazolidin,
Phenytoin Sodium (Capsules, Elixir, Tablets)	Comitol, Dilantin Sodium Minetoin.
Pholcodine (Linctus)	Ethnine.
Pholedrine	Veritol.
Phthalyl Sulphacetamide	Thalamide, Enterocid, Stera-thal, Talbucid.

Name of the drug as occurring in the Formulary	Proprietary Names
Phthalyl Sulphathiazole (Tablets)	Sulfathalidine, Thalazole Talistatyl.
Piperazine Citrate (Elixir, Mixture, Tablets)	Antepar, Arpezine, Entacyl, Helmacid, Helmezine.
Polymyxin B Sulphate (Injection, Ointment)	Aerosporin.
Polyvinyl Pyrrolidone (Transfusion)	Plasmex, Polyvinyl Pyrolidon. Periston, Periston 'N'.
Prednisone (Tablets)	Codelcortone, Co-Hydoltra, Decortisyl, Delta Cortin, Deltacortone, Hostacortil, Meticoorten.
Prednisolone (Tablets)	Bi-Decortisyl, Codelcortone, Codeltra, Dacortin, Δ^4 -Delta-Cortone, Delta Efcolia, Hostacortin 'H', Meticoortolone, Paracortol, Scherisolon.
Primidone (Tablets)	Mysoline.
Procainamide Hydrochloride (Injection, Tablets)	Pronestyl.
Procaine Penicillin Fortified (Injection)	Alprocin, Zucaine, Avloprocil N.A., (Crys-4, Crys-8 & Crys-12), Distaquaine Fortified, Seclophen, Abbocillin R/R.
Proguanil Hydrochloride	Paluarine.
Promethazine Chloroethoxyphyllinate (Tablets)	Avomine.
Promethazine Hydrochloride (Tablets)	Phenergan.
Protein Hydrolysate (Transfusion)	Hydropion, Hydroproten, Delmor, Protein Hydrolysate (PHL).

Name of the drug as occurring in the Formulary	Proprietary Names
Protein Milk	Casilan, Lactoprotein, Lakolan, Lactumin, Laucolan, Protolactodin, Siolan,
Protoveratrine Acid A & B Maleate (Tablets)	Provell Maleate, Puroverine,
Pyridoxine Hydrochloride (Tablets)	Benadon, Gladoxin, Pyrixin-B.
Pyrimethamine (Tablets)	Darsprim,
Quinalbarbitone Sodium (Tablets)	Ethobral, Seconal Sodium,
Quinidine Sulphate (Injection, Tablets)	Quinacardine
Rauwolfia (Tablets)	Rulfen, Rauwolfia, Santina, Rauwiloid, Raudixin, Serpenoid.
Reserpine (Injection, Tablets)	Alsulpine, Reserpex, Serpasil.
Riboflavin (Injection, Tablets)	Flavit, Flavin-B, Beflavin, Lactoflavin.
Rutin (Tablets)	Virutin, Rutin, Rutorbin.
Saccharated Iron Oxide (Injection)	Cobaferon, Colliron I.V. Ferrivenin, Iviron, Neo-Ferrum Phlebefer, Veniron.
Salicylic Acid (Collodion, Ointment)	Cornac.
Shark Liver Oil (Capsules, Emulsion)	Elasmin, Sharkozan, Sharkovit.
Silver Nitrate (Eye drops)	Collosol Argentum.
Sodium Aminosalicoylate (Tablets)	Aminacyl, Aminox, Pasalon, Pas-Sodium, Sodium P.A.S.
Solapsone (Injection, Tablets)	Biphone, Sulphetrons

Name of the drug as occurring in the Formulary	Proprietary Names
Stilboestrol (Tablets)	Clinestrol, Stilboestrol, Oestromenine, Stimovol.
Succinyl Choline Chloride (Injection)	Midarine, Scoline.
Sulphacetamide (Eye-drops, Eye-Ointment, Tablets)	Bi-Amicide, Steramide, Supracid, Albucid, Acetocid, Locula.
Sulphadimidine (Tablets)	Diazil, Esmidin, Sulphamezathine.
Sulphadimidine Sodium (Injection)	Esmidine, Diazil-Sodium, Sulphamezathine Sodium.
Sulphafurazole (Tablets)	Gantrisin.
Sulphaguanidine (Tablets)	Guanicil, Steragan.
Sulphazphenamine (Injection)	Sulfarsenol, Thiarsin.
Sulphasomidine (Tablets)	Aristamid, Elkosin.
Sulphathiazole (Tablets)	Cibazol, Thiazamide.
Tannic Acid (Suppositories)	Tannafax
Testosterone Propionate (Injection)	Hormondrine, Metherrone, Andronex, Neo Hombreol, Parandren, Sterandryl, Testaform, Testosid, Testosterone, Testoviron.
Tetrachlorethylene (Capsules, Mixture)	Tetracap.
Tetracycline (Capsules)	Steclin, Achromycin, Hostacycline.

Name of the drug as occurring in the Formulary	Proprietary Names
Thiamine Hydrochloride (Injection)	Betamid, Nuro-B, Thiavit, Vitabin, Ameuvit, Bedome, Benerva, Berim, Betabion, Betaxin, Thaminal.
Thiopentone Sodium (Injection)	Intraval Sodium, Pentothal Sodium.
Thyroid (Tablets)	Proloid.
L-Thyroxine Sodium (Tablets)	Eltroxin.
Tocopheryl Acetate (Tablets)	Ephynal, Evon, Maxamin, Viteolin.
Tolazoline Hydrochloride (Injection)	Priscol.
Tolubutamide (Tablets)	Ornalin Diabesulin, Rastinon, Artosin.
Trichloroethylene	Trilene.
Triethylene Melamine (Tablets)	Tretamine (TEM)
Tri-iodothyroxine	Tertroxin.
Trimethadione (Capsules)	Tridione
Tubocurarine Chloride (Injection)	Intocostrin-T, Tubarine, d-Tubocurarine Chloride.
Urea Stibamine (Injection)	Carbantim, Stiburamin.
Whooping Cough Vaccine (Injection)	Mixabettin, Mixed Pertussis Vaccine, Petoim, Phytosan.
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